

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

IS THIS REPORT NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James R. Wiseman

Signature of Treasurer *James R. Wiseman* [Electronically Filed] Date  /  /

01 / 28 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>		18073.66
(b) Cash on Hand at Beginning of Reporting Period.....	12846.90	
(c) Total Receipts (from Line 19) .....	7074.23	52219.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19921.13	70293.63
7. Total Disbursements (from Line 31).....	5500.00	55872.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14421.13	14421.13
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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 11 / 27 / 2012 To: 12 / 31 / 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		
(i) Itemized (use Schedule A).....	6774.23	43628.98
(ii) Unitemized .....	300.00	8590.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	7074.23	52219.97
(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) .....	7074.23	52219.97
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))..... ▶	7074.23	52219.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7074.23	52219.97

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	2000.00	4472.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2000.00	4472.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	29500.00
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 .....	3500.00	21900.00
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)) ..	5500.00	55872.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	55872.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	7074.23	52219.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7074.23	52219.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2000.00	4472.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2000.00	4472.50

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

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

FOR LINE NUMBER: PAGE 6 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using 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**

**A. Brian Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.6434**  
 Amount of Each Receipt this Period  
 30.00

**B. Brian Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 City State Zip Code  
 Franklin TN 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6435**  
 Amount of Each Receipt this Period  
 30.00

**C. John Bradford**  
 Full Name (Last, First, Middle Initial)  
 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 Legal Ops Director  
 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  
 11 / 30 / 2012  
**Transaction ID : SA11AI.6385**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 7 OF 35
<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) <b>A. John Bradford</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6386</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Capella Healthcare	Occupation Legal Ops Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Steven R. Brumfield</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6387</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.00
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) ▼	Aggregate Year-to-Date ▼ 1092.00	

Full Name (Last, First, Middle Initial) <b>C. Steven R. Brumfield</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6388</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.00
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) ▼	Aggregate Year-to-Date ▼ 1183.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	222.00
<b>TOTAL</b> 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 35
	<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. Michelle Carpenter**  
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 Director Patient Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
**11 / 30 / 2012**

**Transaction ID : SA11AI.6389**

Amount of Each Receipt this Period  
**27.50**

**B. Michelle Carpenter**  
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 Director Patient Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.50**

Date of Receipt  
**12 / 31 / 2012**

**Transaction ID : SA11AI.6390**

Amount of Each Receipt this Period  
**27.50**

**C. Sarah Clark**  
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 CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**11 / 30 / 2012**

**Transaction ID : SA11AI.6468**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**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 9 OF 35
	<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) <b>A. S. Ray Coffey</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6391</b>
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 ▼ 927.36
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) ▼
Aggregate Year-to-Date ▼ 927.36		

Full Name (Last, First, Middle Initial) <b>B. S. Ray Coffey</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6392</b>
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 ▼ 1004.64
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) ▼
Aggregate Year-to-Date ▼ 1004.64		

Full Name (Last, First, Middle Initial) <b>C. Beverly Craig</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6393</b>
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 ▼ 600.00
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) ▼
Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.56
<b>TOTAL</b> 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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Beverly Craig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6394</b>
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 ▼ 650.00
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>B. Patricia Crumpton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6426</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
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 Hospital CNO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Patricia Crumpton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6427</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 325.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CNO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Elizabeth Estep**  
 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 ▼ 350.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.6454**  
 Amount of Each Receipt this Period 25.00

**B. Elizabeth Estep**  
 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 ▼ 375.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6455**  
 Amount of Each Receipt this Period 25.00

**C. Eugene A. (Tony) Fay**  
 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, Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.6395**  
 Amount of Each Receipt this Period 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> 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 35
	<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) <b>A. Eugene A. (Tony) Fay</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6396</b>
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 ▼ 1105.00
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) <b>B. Kevin Fowler</b>		Date of Receipt 11 / 30 / 2012 <b>Transaction ID : SA11AI.6436</b>
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 ▼ 1500.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Kevin Fowler</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6437</b>
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 ▼ 1625.00
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.00
<b>TOTAL</b> 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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Donald Frederic</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6448</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Frederic</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6449</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 1375.00	

Full Name (Last, First, Middle Initial) <b>C. Jim Geist</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6440</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Jim Geist**  
 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 CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6441**  
 Amount of Each Receipt this Period  
 100.00

**B. Brian Hitchcock**  
 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 & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.6397**  
 Amount of Each Receipt this Period  
 85.48

**C. Brian Hitchcock**  
 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 & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1111.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6398**  
 Amount of Each Receipt this Period  
 85.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.96
<b>TOTAL</b> 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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

**A. Gay Huff**  
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 Director Operations Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : SA11AI.6456**

Amount of Each Receipt this Period  
 400.00

**B. Gay Huff**  
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 Director Operations Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6457**

Amount of Each Receipt this Period  
 40.00

**C. 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 ▼ 1640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : SA11AI.6466**

Amount of Each Receipt this Period  
 164.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	244.00
<b>TOTAL</b> 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:	PAGE 16 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) <b>A. Neil Kunkel</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6467</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 164.00
Name of Employer Capella Healthcare	Occupation SVP - Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1804.00	

Full Name (Last, First, Middle Initial) <b>B. Bill Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6471</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) <b>C. Bill Little</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6472</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1188.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> 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: PAGE 17 OF 35  
(check only one)

<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. Maria Lopez**

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 CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.6462**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Maria Lopez**

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 CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : SA11AI.6463**

Amount of Each Receipt this Period  
25.00

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

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 ▼  
600.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.6438**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 18 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Derek Lythgoe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6439</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 650.00
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jerry Mabry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6428</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 1200.00
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>C. Jerry Mabry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6429</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 1300.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 19 OF 35
	<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) <b>A. Mike McCoy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6422</b>
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 ▼ 1560.00
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>B. Mike McCoy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6423</b>
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 ▼ 1690.00
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>C. Donald McDaniel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6450</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
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 Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 20 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Donald McDaniel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6451</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Tim McGill</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6420</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Tim McGill</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6421</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 1625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> 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 21 OF 35
	<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. Mark Medley**  
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 Division CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.6399**

Amount of Each Receipt this Period  
150.00

**B. Mark Medley**  
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 Division CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : SA11AI.6400**

Amount of Each Receipt this Period  
150.00

**C. Dirk Morgan**  
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 Division CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.6401**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 22 OF 35
	<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) <b>A. Dirk Morgan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6402</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 975.00
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>B. Dan Ordyna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6430</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 600.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dan Ordyna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6431</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 650.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> 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 23 OF 35
	<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) <b>A. Steven Owens</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6469</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 400.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer SWMC	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Owens</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6470</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer SWMC	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Christina Patterson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6418</b>
Mailing Address 501 Corporate Center Dr Ste 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		
Name of Employer Capella Healthcare Company	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 24 OF 35
	<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. Christina Patterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6419**

Amount of Each Receipt this Period  

50.00
-------

**B. Judith Peek**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City	State	Zip Code
Brentwood	TN	37027

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

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.43**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6478**

Amount of Each Receipt this Period  

40.00
-------

**C. Matt Romero**  
Full Name (Last, First, Middle Initial)

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
MRMC	CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.6464**

Amount of Each Receipt this Period  

55.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> 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 25 OF 35
	<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) <b>A. Matt Romero</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6465</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 55.00
City Franklin	State TN	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 605.00
Name of Employer MRMC	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Benjamin Ross</b>		Date of Receipt 11 / 30 / 2012 <b>Transaction ID : SA11AI.6446</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 83.33
City Franklin	State TN	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 833.30
Name of Employer Capella Healthcare	Occupation VP Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Benjamin Ross</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6447</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 83.33
City Franklin	State TN	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 916.63
Name of Employer Capella Healthcare	Occupation VP Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	221.66
<b>TOTAL</b> 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 26 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Charles Self**

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 ▼  
1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : SA11AI.6403**

Amount of Each Receipt this Period  
93.75

Full Name (Last, First, Middle Initial)  
**B. Dan Slipkovich**

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 ▼  
2395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : SA11AI.6404**

Amount of Each Receipt this Period  
195.00

Full Name (Last, First, Middle Initial)  
**C. Dan Slipkovich**

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 ▼  
2590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6405**

Amount of Each Receipt this Period  
195.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	483.75
<b>TOTAL</b> 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 27 OF 35
	<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) <b>A. D. Andrew Slusser</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6406</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1735.83	

Full Name (Last, First, Middle Initial) <b>B. D. Andrew Slusser</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6407</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.83	

Full Name (Last, First, Middle Initial) <b>C. Alan Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6444</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation VIP, CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> 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 28 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Alan Smith</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6445</b>
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 ▼ 1100.00
FEC ID number of contributing federal political committee. C		
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>B. Warren Smith</b>		Date of Receipt 11 / 30 / 2012 <b>Transaction ID : SA11AI.6408</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 35.25
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 423.00
FEC ID number of contributing federal political committee. C		
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) <b>C. Warren Smith</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6409</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 35.25
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 458.25
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.50
<b>TOTAL</b> 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 29 OF 35
	<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) <b>A. Wendell Van Es</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6424</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 700.80
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wendell Van Es</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6425</b>
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. <b>C</b>		Aggregate Year-to-Date ▼ 759.20
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Wampler</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6410</b>
Mailing Address 501 Corporate Centre Drive, Ste 20		Amount of Each Receipt this Period 100.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1550.00
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.80
<b>TOTAL</b> 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 30 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Robert Wampler</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6411</b>
Mailing Address 501 Corporate Centre Drive, Ste 20		Amount of Each Receipt this Period 100.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Wiechart</b>		Date of Receipt 11 / 30 / 2012 <b>Transaction ID : SA11AI.6432</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 185.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2276.25	

Full Name (Last, First, Middle Initial) <b>C. Michael Wiechart</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6433</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 185.00
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2461.25	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> 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 31 OF 35
	<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**

**A. James R. Wiseman**  
 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 of Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.6412**  
 Amount of Each Receipt this Period  
 80.00

**B. James R. Wiseman**  
 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 of Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6413**  
 Amount of Each Receipt this Period  
 80.00

**C. James Wolfe**  
 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 Director - Reimbursements  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6459**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 32 OF 35
	<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) <b>A. Lori Wooten</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6414</b>
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 ▼ 1200.00
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>B. Lori Wooten</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.6415</b>
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 ▼ 1300.00
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>C. Beth Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.6442</b>
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 ▼ 600.00
Name of Employer Capella Healthcare	Occupation VP Corp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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:	PAGE 33 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Beth Wright**  
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 Corp Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**12 / 31 / 2012**

**Transaction ID : SA11AI.6443**

Amount of Each Receipt this Period  
**50.00**

**B. Lee Yuill**  
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 of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
**11 / 30 / 2012**

**Transaction ID : SA11AI.6416**

Amount of Each Receipt this Period  
**70.00**

**C. Lee Yuill**  
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 of Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  
**12 / 31 / 2012**

**Transaction ID : SA11AI.6417**

Amount of Each Receipt this Period  
**70.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6774.23</b>

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. KraftCPAs PLLC

Mailing Address 555 Great Circle Road  
Suite 200

City Nashville State TN Zip Code 37228

Purpose of Disbursement  
accounting fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2012

Transaction ID : SB21B.6484

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

2000.00

**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 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 checked="" 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. Oklahoma Speakers Ball, Inc.**

Mailing Address PO Box 720308

City Oklahoma City State OK Zip Code 73172

Purpose of Disbursement fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

12 / 03 / 2012

**Transaction ID : SB29.6482**

Amount of Each Disbursement this Period

3500.00

**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

/  /

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

/  /

Amount of Each Disbursement this Period

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

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

3500.00

3500.00