Image# 12950693798				_	I	PAGE 1 / 11
FEC FORM 3X	AN	PORT OF R D DISBURS ther Than An Autho	EMENTS		Office Use On	v
1. NAME OF COMMITTEE (in full		OR PRINT ▼	Example: If typing, over the lines.	type 12FE	4M5	,
ADDRESS (number and st			RIVE STE 200			
Check if differen						
than previously reported. (ACC)	FR.				37067	
2. FEC IDENTIFICATI	ION NUMBEI		•	STATE	ZIP	
C C00421420		3. IS T REF	HIS NE		AMENDED (A)	
<ul> <li><b>4. TYPE OF REPOI</b> (Choose One)</li> <li>(a) Quarterly Report</li> </ul>		Monthly Report Due On: X Mar 20		y 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly R July 15		(c) 12-Day PRE-Election	(M4) Jul Primary (12P)	20 (M7)	Oct 20 (M10)	Jan 31 (YE) Runoff (12R)
Quarterly Ru October 15 Quarterly Ru		Report for the:	Convention (12	C) Sp	ecial (12S)	
January 31 Year-End R		Election of				e of
July 31 Mid Report (Nor Year Only)	n-election	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Ru	noff (30R)	Special (30S)
Termination (TER)	Report	Election c				ne e of
5. Covering Period	02 /	01 / Y Y Y Y Y 01 2012	through	M M / D 02 29	D / Y Y Y 2012	Y
I certify that I have exam	nined this Rep	ort and to the best of my	/ knowledge and bel	ief it is true, corre	ct and complete.	
Type or Print Name of T	reasurer Jan	nes R. Wiseman				
Signature of Treasurer	James R. Wis	eman	[Electronically F	iled] Date	M M / D D 03 / 14	2012
NOTE: Submission of false	e, erroneous, c	r incomplete information m	nay subject the persor	n signing this Repo	t to the penalties of	2 U.S.C. §437g.
Office Use Only						<b>DRM 3X</b> 2/2004

### 03/14/2012 11 : 55

### 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:	02 01 Y Y Y Y 2012 To	b: 02 / 02 / 29 / 2012
		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	13988.15	
	(c) Total Receipts (from Line 19)	6354.91	9421.90
	<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>	20343.06	27495.56
7.	Total Disbursements (from Line 31)	9000.00	16152.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11343.06	11343.06
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

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FEC Form 3X (Rev. 06/2004)	<b>FAILED SUMMARY PAGE</b> of Receipts	Page <b>3</b>
Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMM	
Report Covering the Period: From: 02		To: 02 / 29 / 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
<ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	4685.00	5176.25
(ii) Unitemized	1669.91	4245.65
(ii) TOTAL (add Lines 11(a)(i) and (ii)▶	6354.91	9421.90
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6354.91	9421.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(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),	6354.91	9421.90
12, 13, 14, 15, 16, 17, and 18(c))►	0.004.91	3421.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6354.91	9421.90

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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B				
II. Disbursements	Total This Period	Calendar Year-to-Date				
Operating Expenditures: (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	152.50				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))►	0.00	152.50				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	10000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures		7 7 7				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(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				
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00				
(add Lines 26(a), (b), and (c))						
Other Disbursements	4000.00	6000.00				
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>						
(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	0.0				
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,	0000.00					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9000.00	16152.5				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9000.00	16152.50				

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### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6354.91	9421.90
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	6354.91	9421.90
add Line 21(a)(i) and Line 21(b))►	0.00	152.50
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	152.50

# 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

11

	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12						
٨٠	y information copied from such Reports and S	tatemente m	av not be sold or used by any n	arson	13 for the		14	15	16		17				
	for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)					_									
$\backslash$	CAPELLA HEALTHCARE, INC	. GOVER	NMENT AFFAIRS CO	MMI	TTE	E									
Α.	Full Name (Last, First, Middle Initial) Holly Clark				Date o	of Re	eceipt								
	Mailing Address 501 Corporate Center Drive														
		<u> </u>	7.0.1		02		29		2012	_					
	City Franklin	State TN	Zip Code 37067	-				: SA11AI.							
	FEC ID number of contributing federal political committee.	С			Amoun		Each	Receipt th		50.0	0				
	Name of Employer	Occupation		_			/	/							
	Capella Healthcare		administration												
	Receipt For:														
	Primary General														
	Other (specify)		950.00												
В.	Full Name (Last, First, Middle Initial) Kevin Fowler				Date o	of Re	eceipt								
	Mailing Address 501 Corporate Centre Drive														
		<u> </u>	7.0.1	02 29 2012											
	City Franklin	State TN	Zip Code 37067	-				: SA11AL							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer Capella Healthcare	Occupation Hospital CE													
	Receipt For:		Year-to-Date ▼												
	Primary General		250.00												
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,												
с.	Full Name (Last, First, Middle Initial) Mike McCoy				Date c	of Re	eceipt								
	Mailing Address 501 Corporate Centre Drive Suite 200				M N 02	/	29		2012	Y	1				
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI	.5870						
	Franklin	TN	37067	_	Amoun	nt of	Each	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С					7		13	30.0	0				
	Name of Employer	Occupation													
	Capella Healthcare Receipt For:	Hospital CE	80												
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		260.00												
_			, , , , , , , , , , , , , , , , , , , ,												
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т	OTAL This Period (last page this line number	only)		•	L.,										

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

Use separate schedule(s) for each category of the 

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

11

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN(	C. GOVERNMENT AFFAIRS (	COMMITTEE								
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.	State Zip Code TN 37067	Date of Receipt 02 29 2012 Transaction ID : SA11AI.5868 Amount of Each Receipt this Period 125.00								
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Capella Healthcare     Hospital CEO       Receipt For:     Aggregate Year-to-Date ▼       Primary     General									
Full Name (Last, First, Middle Initial)         B.       Mark Medley         Mailing Address 501 Corporate Centre Drive         Suite 200         City	Date of Receipt									
Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare         Receipt For:         Primary       General         Other (specify) ▼	TN     37067       C     Occupation       Division CFO       Aggregate Year-to-Date ▼       300.00	Amount of Each Receipt this Period								
Full Name (Last, First, Middle Initial)         C.       Carolyn Schneider         Mailing Address 501 Corporate Center Dr, S         City         Franklin         FEC ID number of contributing federal political committee.         Name of Employer         Capella Healthcare Company         Receipt For:         Primary       General         Other (specify) ▼	te 200 State Zip Code TN 37067 C Occupation VP of Human Resources Aggregate Year-to-Date ▼ 750.00	Date of Receipt 02 29 2012 Transaction ID : SA11AI.5883 Amount of Each Receipt this Period 750.00								
SUBTOTAL of Receipts This Page (optional).										

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

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

11

ITEMIZED RECEIPTS		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	itions		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.											
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 Executi Aggregate Ye				/ sact	29 ion ID		is Perioc			
Full Name (Last, First, Middle Initial) <b>D. Andrew Slusser</b> Mailing Address 501 Corporate Centre Drive Suite 200				Date o	f Re	ceipt		2012	Y		
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 Senior VP & I Aggregate Y	Zip Code 37067 Development Officer ear-to-Date ▼ 335.83	Transaction ID : SA11AI.5860           Amount of Each Receipt this Period           140.								
Full Name (Last, First, Middle Initial)         Erik Swensson         Mailing Address 501 Corporate Center Drive         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 CMO Aggregate Ye	Zip Code 37067 ear-to-Date ▼ 1800.00			/ sact	29 ion ID		is Perioc			
SUBTOTAL of Receipts This Page (optional)		)		_	_	,	- 7	2135	.00		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 9 OF

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11	EMIZED RECEIPTS			egory of the mmary Page		<b>〈</b> 11a		11b	11c		12				
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	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC.	GOVER	NMENT A	FFAIRS CO	MM	ITTE	Е								
Α.	Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre Drive, St	e 20				Date o		eceipt			012	Y			
	City Franklin	State TN	Zip Code 37067			Tran		ion ID :	<b>SA11AI</b> . Receipt th	.586	2				
	FEC ID number of contributing federal political committee.	С						7	7	_	135.	00			
	Name of Employer         Capella Healthcare Company         Receipt For:         Primary       General														
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)		9	270.00	-										
в.	Michael Wiechart Mailing Address 501 Corporate Centre Drive					Date of		eceipt 29			)12	Y			
	City Franklin	State TN	Zip Code 37067						SA11AI. Receipt th	.587	5		_		
	FEC ID number of contributing federal political committee.	С					_	7		_	185.	00			
	Name of Employer Capella Healthcare	Occupation COO													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	426.25											
c.	Full Name (Last, First, Middle Initial)					Date of	of Re	eceipt							
	Mailing Address	01-11-	7. 0. 4.			M	/	D	D / Y	Y	Y	Y			
	City	State	Zip Code		_	Amour	nt of	Each F	Receipt th	nis F	'eriod				
	FEC ID number of contributing federal political committee.	ial) entre Drive, Ste 20  State Zip C TN 3700  C Occupation VP & Operations CFC Aggregate Year-to-D Aggregate Year-to-D C Occupation COO Aggregate Year-to-D Aggregate Year-to-D C Occupation COO Aggregate Year-to-D C Occupation CO C Occupation C Occupation C Occupation C Occupation CO C Occupation C O C Occupation C O C O C O C O C O C O C O C O C O C													
	Name of Employer Receipt For:														
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼		]										
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SC	HEDULE B (FEC Form 3X)			FOR LINE NUM					IUMBER: PAGE 10 OF 11								
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the			k only	one)						1.05				
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)				_	<u> </u>											
	CAPELLA HEALTHCARE, INC. GO	OVERNN	MENT AFFA	AIRS	C	OMN	/ITTI	ΞE									
	Full Name (Last, First, Middle Initial)						Data		- 1								
А.	CITIZENS FOR ALTMIRE						Date		sburs	eme		V	Y	V			
	Mailing Address P.O. Box 1776						02 29 2012										
	City S Freedom	State PA	Zip Code 15042				Tra	nsact	ion IE	):S	SB23.5	890					
	Purpose of Disbursement	FA	10042	_	_												
	contribution			Γ.			Amo	unt of	Each	Dis	sburse	nent	this F	Period			
	Candidate Name JASON ALTMIRE			Cate									2500	.00			
		nent For: 2	012	Ľ	ype				7		7						
	Senate	Primary	General														
	President	Other (spec	ify) 🔻														
	State: PA District: 04 Full Name (Last, First, Middle Initial)																
В.	MCCASKILL FOR MISSOURI 201	2							sburs		ent	V	V	V			
	Mailing Address 700 13TH STREET NW SUITE 600						02 29 2012										
	WASHINGTON	State DC	Zip Code 20005				Transaction ID : SB23.5891										
	Purpose of Disbursement contribution			<b>—</b>			Amount of Each Disbursement this Period										
	Candidate Name	Category/															
	CLAIRE MCCASKILL				ype			-	7	-			2500	0.00			
		nent For: 2 Primary	012 General														
	President	Other (spec															
_	State: MO District: 00																
C.	Full Name (Last, First, Middle Initial)						Date	of Di	sburs		_						
	Mailing Address						М	M /	D	D	/ Y	Y	Y	Y			
	City	State	Zip Code														
	Purpose of Disbursement			_	_												
	Candidate Name			ry/	Amount of Each Disbursement this P												
	Office Sought: House Disburser Senate President	General ify) ▼						,		-7							
	State: District:																
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т	OTAL This Period (last page this line number only)								7	_			5000	.00			

SC	CHEDULE B (FEC Form 3X)					NUMBER: PAGE 11 OF 11								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C	hec	k only 21b	one)	<b>,</b> Г	23	Г	24	25	26		
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$\backslash$	NAME OF COMMITTEE (In Full)			_										
	CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFFA	AIRS	С	OM	MITT	EE							
	Full Name (Last, First, Middle Initial) Friends of THA					Date	e of [	Disbur	sen	nent				
												Y		
	Mailing Address 500 Interstate Blvd, S					02 13 2012								
	City S Nashville	State Zip Code TN 37210				Amount of Each Disbursement this Period								
	Purpose of Disbursement PAC to PAC	57210	_											
	Candidate Name		Cate		rv/	And				JISDUISEII				
				ype			-	7	-	7	400	0.00		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)												
	State: District:													
в.	Full Name (Last, First, Middle Initial)					Date	e of [	Disbur	sen	nent				
							M			_	Y Y	Y		
	Mailing Address						_		-			_		
	City	State Zip Code												
	Purpose of Disbursement						Amount of Each Disbursement this Period							
	Candidate Name	Category/												
	Office Sought: House Disburser	ment For:	Ty	ype			-	7						
	Senate	Primary General Other (specify)												
	State: District:	· · · ·												
C.	Full Name (Last, First, Middle Initial)							Disbur						
	Mailing Address					М	M	/ D		у / Ч	YY	Y		
	City	State Zip Code												
	Purpose of Disbursement		_											
	Candidate Name		Category/ Type				Amount of Each Disbursement this Per							
		Primary General								7				
	State: District:	Other (specify)												
Γ	1						-	-	-		400	0.00		
S	<b>UBTOTAL</b> of Disbursements This Page (optional)						=	7	÷		400	0.00		
т	OTAL This Period (last page this line number only)							7			400	0.00		