

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. 12FE4M5 CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street) 501 CORPORATE CENTRE DRIVE STE 200 FRANKLIN TN 37067

2. FEC IDENTIFICATION NUMBER C C00421420 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 11 / 25 / 2014 through 12 / 31 / 2014

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 / 2015

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)

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="2014"/>	<input type="text" value=""/>	<input type="text" value="6529.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5358.41"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9168.06"/>	<input type="text" value="44149.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14526.47"/>	<input type="text" value="50678.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="38152.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12526.47"/>	<input type="text" value="12526.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8954.00	39627.57
(ii) Unitemized .....	214.06	4521.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9168.06	44149.20
(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) .....	9168.06	44149.20
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))..... ▶	9168.06	44149.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9168.06	44149.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2000.00	2152.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2000.00	2152.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	32000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	4000.00
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)) ..	2000.00	38152.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	38152.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9168.06	44149.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9168.06	44149.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2000.00	2152.50
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	2152.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Scott Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2014**

**Transaction ID : SA11AI.6960**

Amount of Each Receipt this Period  
**100.00**

**B. Scott Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1036.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : SA11AI.6961**

Amount of Each Receipt this Period  
**100.00**

**C. Brian Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2014**

**Transaction ID : SA11AI.6968**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</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 7 OF 36
	<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. Brian Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation 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  
 12 / 31 / 2014

**Transaction ID : SA11AI.6969**

Amount of Each Receipt this Period  
**30.00**

**B. Holly Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center 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 healthcare administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **886.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014

**Transaction ID : SA11AI.6906**

Amount of Each Receipt this Period  
**80.55**

**C. Holly Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center 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 healthcare administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **966.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11AI.6907**

Amount of Each Receipt this Period  
**80.55**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **191.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
<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. Jeff Cobb</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6946</b>
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 60.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. Jeff Cobb</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6947</b>
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 60.00
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>C. S. Ray Coffey</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6908</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 77.28
City Franklin	State TN	Zip Code 37067
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 ▼ 850.08	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.28
<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 9 OF 36
	<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 12 / 31 / 2014 <b>Transaction ID : SA11AI.6909</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 77.28
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 927.36
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sue Conley</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6950</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 ▼ 1100.00
Name of Employer Capella Healthcare	Occupation Healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sue Conley</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6951</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 Healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	277.28
<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 36
<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. Beverly Craig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6910</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
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 ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Beverly Craig</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6911</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
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	

Full Name (Last, First, Middle Initial) <b>C. Patricia Crumpton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6964</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 11 OF 36
	(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**

**A. Patricia Crumpton**  
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 CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6965**

Amount of Each Receipt this Period  
25.00

**B. Jim Davidson**  
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 COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 673.75

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : SA11AI.6962**

Amount of Each Receipt this Period  
61.25

**C. Jim Davidson**  
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 COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6963**

Amount of Each Receipt this Period  
61.25

**SUBTOTAL** of Receipts This Page (optional).....▶ 147.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<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. Elizabeth Estep</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6938</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 275.00
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>B. Elizabeth Estep</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6939</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 300.00
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. Kim Frazier</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6952</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 33.48
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 365.60
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).....▶	83.48
<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 36
	<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. Kim Frazier</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : SA11AI.6953</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 33.48
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 399.08
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>B. Jim Geist</b>		Date of Receipt 11 / 30 / 2014 <b>Transaction ID : SA11AI.6904</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 ▼ 1100.00
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. Jim Geist</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : SA11AI.6905</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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.48
<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 36
	<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. 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 ▼ **831.92**

Date of Receipt **11 / 30 / 2014**

**Transaction ID : SA11AI.6912**

Amount of Each Receipt this Period **70.00**

**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 ▼ **901.92**

Date of Receipt **12 / 31 / 2014**

**Transaction ID : SA11AI.6913**

Amount of Each Receipt this Period **70.00**

**C. 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 **11 / 30 / 2014**

**Transaction ID : SA11AI.6940**

Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**

**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 15 OF 36
	<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. Gay Huff</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6941</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer Capella Healthcare	Occupation Director Operations Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Neil Kunkel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6944</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 136.00
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 ▼ 1496.00	

Full Name (Last, First, Middle Initial) <b>C. Neil Kunkel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6945</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 136.00
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 ▼ 1632.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	312.00
<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 16 OF 36
	<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. Teri Lague</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : SA11AI.6981</b>
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Director - Clinical Applications	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Bill Little</b>		Date of Receipt 11 / 30 / 2014 <b>Transaction ID : SA11AI.6899</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 108.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1188.00
FEC ID number of contributing federal political committee. C		
Name of Employer CANN	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Bill Little</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : SA11AI.6898</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 108.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1296.00
FEC ID number of contributing federal political committee. C		
Name of Employer CANN	Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.00
<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 17 OF 36
<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. Derek Lythgoe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6902</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. C		Aggregate Year-to-Date ▼ 550.00
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. Derek Lythgoe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6903</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. C		Aggregate Year-to-Date ▼ 600.00
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>C. Jerry Mabry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6966</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. C		Aggregate Year-to-Date ▼ 1100.00
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).....▶	200.00
<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 18 OF 36
	(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)  
**A. Jerry Mabry**

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 ▼  
1200.00

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6967**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Mazzo**

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.81

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : SA11AI.6972**

Amount of Each Receipt this Period  
48.43

Full Name (Last, First, Middle Initial)  
**C. Joseph Mazzo**

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.24

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6973**

Amount of Each Receipt this Period  
48.43

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 196.86

**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 19 OF 36
	<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 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6974</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 52.50
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 ▼ 577.50	

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 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6975</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 52.50
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 ▼ 630.00	

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 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6954</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 45.00
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 ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 36
	<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. Donald McDaniel</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6955</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 45.00
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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Tim McGill</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6970</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 135.00
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 ▼ 1455.00	

Full Name (Last, First, Middle Initial) <b>C. Tim McGill</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6971</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 135.00
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 ▼ 1590.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<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 36
	<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. 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 ▼ 1650.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : SA11AI.6914**  
 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 ▼ 1800.00

Date of Receipt 12 / 31 / 2014  
**Transaction ID : SA11AI.6915**  
 Amount of Each Receipt this Period 150.00

**c. Lynn Mergen**  
 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 ▼ 1100.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : SA11AI.6956**  
 Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Lynn Mergen**

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 ▼  
1200.00

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6957**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Angie Mulder**

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
223.03

Date of Receipt  
12 / 31 / 2014  
**Transaction ID : SA11AI.6993**

Amount of Each Receipt this Period  
63.22

Full Name (Last, First, Middle Initial)  
**C. Steven Owens**

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 SWMC Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : SA11AI.6978**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 203.22

**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 23 OF 36
	<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. Steven Owens**  
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 SWMC Occupation CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11AI.6979**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 30 / 2014

**Transaction ID : SA11AI.6928**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11AI.6929**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 24 OF 36
	<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. Andretta Reed</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6948</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 25.00
Name of Employer Capella Healthcare	Occupation Healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Andretta Reed</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6949</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 25.00
Name of Employer Capella Healthcare	Occupation Healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Benjamin Ross</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6936</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 83.33
Name of Employer Capella Healthcare	Occupation VP Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.33
<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 36
	<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. Benjamin Ross</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6937</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 83.33
Name of Employer Capella Healthcare	Occupation VP Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. David Sharp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6900</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 50.00
Name of Employer Capella Healthcare	Occupation healthcare executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. David Sharp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6901</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 50.00
Name of Employer Capella Healthcare	Occupation healthcare executive	
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).....▶	183.33
<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 36
	<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. Dan Slipkovich</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6916</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1837.00	

Full Name (Last, First, Middle Initial) <b>B. Dan Slipkovich</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6917</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2004.00	

Full Name (Last, First, Middle Initial) <b>C. D. Andrew Slusser</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6918</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 170.00
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 ▼ 1638.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	504.00
<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 27 OF 36
	<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 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6919</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 170.00
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 ▼ 1808.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6934</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 150.00
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6935</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 150.00
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 ▼ 1650.00	

<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 28 OF 36
	<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. Warren Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6920</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. <b>C</b>		Aggregate Year-to-Date ▼ 425.75
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>B. Warren Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6921</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. <b>C</b>		Aggregate Year-to-Date ▼ 465.75
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. Bill Southwick</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6986</b>
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 280.00
Name of Employer CMC	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).....▶	120.00
<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 29 OF 36
	<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. Bill Southwick</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6987</b>
Mailing Address 501 Corporate Centre Drive Ste 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 320.00
FEC ID number of contributing federal political committee. C		
Name of Employer CMC	Occupation Hospital COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B. Davis Turner</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : SA11AI.6988</b>
Mailing Address 501 Corporate Centre Dr, Ste 200		Amount of Each Receipt this Period 75.65
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 377.18
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 377.18		

Full Name (Last, First, Middle Initial) <b>C. Davis Turner</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : SA11AI.6989</b>
Mailing Address 501 Corporate Centre Dr, Ste 200		Amount of Each Receipt this Period 75.65
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 452.83
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 452.83		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.30
<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 36
	<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 / 2014 <b>Transaction ID : SA11AI.6976</b>
Mailing Address 501 Corporate Centre Drive Suite 201		Amount of Each Receipt this Period 46.50
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 559.10
FEC ID number of contributing federal political committee. C		
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 / 2014 <b>Transaction ID : SA11AI.6977</b>
Mailing Address 501 Corporate Centre Drive Suite 201		Amount of Each Receipt this Period 46.50
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 605.60
FEC ID number of contributing federal political committee. C		
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 / 2014 <b>Transaction ID : SA11AI.6922</b>
Mailing Address 501 Corporate Centre Drive, Ste 20		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 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).....▶	193.00
<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 36
	<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 M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Drive, Ste 20		<b>Transaction ID : SA11AI.6923</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Denise Warren</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID : SA11AI.6994</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Capella Healthcare	Occupation Senior VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Weldon</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014
Mailing Address 501 Corporate Centre Dr, Ste 200		<b>Transaction ID : SA11AI.6991</b>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.84	
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 214.65	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2135.84
<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 36
	<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. Michael Wiechart</b>		Date of Receipt 11 / 30 / 2014 <b>Transaction ID : SA11AI.6930</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 250.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 2471.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Michael Wiechart</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : SA11AI.6931</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 250.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 2721.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. James R. Wiseman</b>		Date of Receipt 11 / 30 / 2014 <b>Transaction ID : SA11AI.6924</b>
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 80.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 880.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP of Tax	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	580.00
<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 33 OF 36
	<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 12 / 31 / 2014  
**Transaction ID : SA11AI.6925**  
 Amount of Each Receipt this Period 80.00

**B. Lori Wooten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP/Financial Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : SA11AI.6926**  
 Amount of Each Receipt this Period 100.00

**C. Lori Wooten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP/Financial Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2014  
**Transaction ID : SA11AI.6927**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**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 34 OF 36
	<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. 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 ▼ **590.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2014**

**Transaction ID : SA11AI.6932**

Amount of Each Receipt this Period  
**55.00**

**B. 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 ▼ **645.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : SA11AI.6933**

Amount of Each Receipt this Period  
**55.00**

**C. Anthony Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr  
Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer MRMC Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2014**

**Transaction ID : SA11AI.6958**

Amount of Each Receipt this Period  
**115.00**

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**

**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: PAGE 35 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anthony Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Corporate Centre Dr  
 Ste 200  
 City Franklin State TN Zip Code 37067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MPMC Occupation Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : SA11AI.6959**  
 Amount of Each Receipt this Period  
 115.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8954.00

**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 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

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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  
retainer for consultation

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 / 02 / 2014

**Transaction ID : SB21B.6897**

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