PAGE 1 / 38

Image# 12954455841

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORW 3X	For Other Than A	An Authorized Comm	ittee		Office Llee Only
1. NAME OF	TYPE OR PRINT ▼	Example: If t	ming type		Office Use Only
COMMITTEE (in ful	- •	over the lines		12FE4M5	
CAPELLA HEAL	THCARE, INC. GOV	ERNMENT AFFAIR	RS COMMI	TTEE	
ADDRESS (number and s		CENTRE DRIVE STE 200			
Check if differe	nt				
than previously reported. (ACC	FRANKLIN			TN L	37067
2. FEC IDENTIFICAT	ION NUMBER ▼	CITY 🛦	;	STATE A	ZIP CODE ▲
C C00421420		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPO (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repor	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly F	Copport (O1)	Apr 20 (M4)	Jul 20 (M7)	X Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly F	(c) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
October 15 Quarterly F	Report to	or the: Convention	n (12C)	Special (12S)
January 31 Year-End F	leport (YE)	Election on	/ D D /	Y Y Y Y	in the State of
July 31 Mic Report (No Year Only)	n-election (d) 30-Day	· · · · · · · · · · · · · · · · · · ·	30G)	Runoff (3	OR) Special (30S)
Termination (TER)	Report	Election on	/ D D /	Y = Y = Y = Y	in the State of
5. Covering Period	09 01 Y	2012 throug	n 09	30 /	2012
I certify that I have exar	nined this Report and to the	best of my knowledge ar	d belief it is tru	ie, correct and	complete.
Type or Print Name of T	reasurer James R. Wiseman	n			
Signature of Treasurer	James R. Wiseman	[Electronic	ally Filed]	Date 10	/ 16 / Y Y Y Y Y 2012
NOTE: Submission of fals	e, erroneous, or incomplete ir	nformation may subject the	person signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office					FEC FORM 3X
Use Only					Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

		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	17359.50	
	(c) Total Receipts (from Line 19)	7347.98	41356.32
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24707.48	59429.98
7.	Total Disbursements (from Line 31)	6150.00	40872.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18557.48	18557.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total This Period	Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	7177.98	33275.76
(ii) Unitemized	170.00	8080.56
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	7347.98	41356.32
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	3.00	
(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)	7347.98	41356.32
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
-		
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	,	, , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Odileddie 110)	0.00	0.00
(b) Levin Founds (frame Color) 15-15	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
(c) Total Transiers (add To(a) and To(b))		0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	7347.98	41356.32
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	7347.98	

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
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H 	eral	3
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures		2472.50
(c) Total Operating Expenditu (add 21(a)(i), (a)(ii), and (2472.50
2. Transfers to Affiliated/Other Pa		
Committees	0.00	0.00
Federal Candidates/Committee and Other Political Committees	2000.00	27000.00
. Independent Expenditures	0.00	0.00
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	0.00
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs)		0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and	(c))	0.00
. Other Disbursements	4150.00	11400.00
. Federal Election Activity (2 U.S	s.C. §431(20))	
(a) Allocated Federal Election	Activity	
(from Schedule H6) (i) Federal Share	0.00	0.00
(1) 1 300101 011010		
(ii) "Levin" Share		0.00
(b) Federal Election Activity P With Federal Funds	•	0.00
(c) Total Federal Election Acti Lines 30(a)(i), 30(a)(ii) ar	7)	0.00
= = = = = = = = = = = = = = = =		
. Total Disbursements (add Line		
23, 24, 25, 26, 27, 28(d), 29 a	nd 30(c)) 6150.00	40872.50
Total Federal Disbursements	20(5)(ii)	
(subtract Line 21(a)(ii) and Line from Line 31)		40872.50

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7347.98	41356.32
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7347.98	41356.32
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	2472.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2472.50

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

FOR I	PAGE	6	OF	38	
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Brian Bell Mailing Address 501 Corporate Contro Prive		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 01 / Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6251
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer Capella Healthcare Receipt For: Primary General	Occupation Hospital COO Aggregate Year-to-Date ▼	
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) 3. Brian Bell		Date of Receipt
Mailing Address 501 Corporate Centre Drive City	State Zip Code	09 30 2012
Franklin	TN 37067	Transaction ID : SA11AI.6299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) John Bradford		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare Receipt For:	Legal Ops Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	·····	100.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:					PAGE	7	OF	38
(check only one)								
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13 14					15	16		17

or for commercial purposes, other than us	ing the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE,	INC. GOVERNMENT AFFAIRS CO	MMITTEE
Full Name (Last, First, Middle Initial) John Bradford		Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200		09 30 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6274
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Legal Ops Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Steven R. Brumfield		Date of Receipt
Mailing Address 501 Corporate Centre D	Drive	M = M / D = D / Y = Y = Y
Suite 200	7. 0.1	09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6227
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.00
Name of Employer	Occupation	7
Capella Health, Inc.	Vice President/Assistant PAC Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	
Full Name (Last, First, Middle Initial) Steven R. Brumfield	L .	Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive	09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6275
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.00
Name of Employer	Occupation	
Capella Health, Inc.	Vice President/Assistant PAC Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	910.00	
SUBTOTAL of Receipts This Page (option	nal)	222.00
TOTAL This Devied float name this live on	imber only)	
TOTAL This Period (last page this line nu	JITIDEL OUIÀ)	

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

FOR LINE NUMBER:					PAGE	:	8	OF	38		
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Michelle Carpenter Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TN 37067 C Occupation Director Patient Accounting Aggregate Year-to-Date ▼ 247.50	Date of Receipt 09 01 2012 Transaction ID: SA11Al.6228 Amount of Each Receipt this Period 27.50
Michelle Carpenter Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Director Patient Accounting Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M M / D D / Y Y Y Y Y O9 30 2012 Transaction ID : SA11AI.6276 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Sarah Clark Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer CANN Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation CFO Aggregate Year-to-Date ▼ 350.00	Date of Receipt 09 01 2012 Transaction ID : SA11AI.6269 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	>	105.00
TOTAL This Period (last page this line number	only)	

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

	FOR LINE NUMBER:					PAGE	9	OF	38
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	13 14				15	16	6	17	

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) A. Sarah Clark		Date of Receipt
Mailing Address 501 Corporate Centre Driv		09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6317
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CANN	Occupation CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. S. Ray Coffey		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200	09 01 _2012 _	
City	State Zip Code	Transaction ID : SA11AI.6229
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.28
Name of Employer	Occupation	
Capella Healthcare	VP & Government Programs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 695.52	
Full Name (Last, First, Middle Initial) C. S. Ray Coffey		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6277
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer	Occupation	
Capella Healthcare	VP & Government Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	772.80	
SUBTOTAL of Receipts This Page (optional)	204.56
TOTAL This Period (last page this line num	ber only)	

	FOR LINE NUMBER:						PAGE	 10	OF	38
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	is and Statements may not be sold or used by any per sing the name and address of any political committee	
NAME OF COMMITTEE (In Full)	INC COVERNMENT AFFAIRS COA	
/ CAPELLA HEALTHCARE	, INC. GOVERNMENT AFFAIRS CON	/////////////////////////////////////
Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt
Mailing Address 501 Corporate Centre	Drive	M = M / D = D / Y = Y = Y
Suite 200	Stata Zin Coda	09 01 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6230 Amount of Each Receipt this Period
FEC ID number of contributing		
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	7
Capella Healthcare	VP & Quality Management	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	450.00	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt
Mailing Address 501 Corporate Centre	Drive	M = M / D = D / Y = Y = Y
Suite 200	State 7in Code	09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6278
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	7
Capella Healthcare	VP & Quality Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) • Patricia Crumpton		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6247
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	_
Capella Healthcare	Hospital CNO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Culei (Specily)	225.00	
SUBTOTAL of Receipts This Page (opti-	onal)	125.00
IUTAL This Period (last page this line I	number only)	

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

FOR LINE NUMBER:					PAGE	. 1	11	OF	38
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) A. Patricia Crumpton		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11Al.6295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Capella Healthcare Receipt For:	Occupation Hospital CNO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jim Edmondson Mailing Address 501 Corporate Centre Drive Suite 200	Date of Receipt 09 01 2012	
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6262
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer JAX	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Jim Edmondson		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer JAX Receipt For:	Occupation CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	only)	

	FOR LIN	E NUMBER	: PAGE	12 OF	38			
(check only one)								
	X 11a	11b	11c	12				
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or for commercial purposes, other than us	sing the name and address of any political committee	
NAME OF COMMITTEE (IN Full) CAPELLA HEALTHCARE,	INC. GOVERNMENT AFFAIRS COI	MMITTEE
Full Name (Last, First, Middle Initial) Elizabeth Estep		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6261
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	_
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Elizabeth Estep		Date of Receipt
Mailing Address 501 Corporate Centre	Drive	M = M / D = D / Y = Y = Y
Suite 200	01-1-2	09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6309
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Capella Healthcare	VP, Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) . Eugene A. (Tony) Fay		Date of Possint
Mailing Address 501 Corporate Centre Suite 200	Drive	Date of Receipt 09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6231
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	\dashv
Capella Healthcare, Inc.	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	765.00	
SUBTOTAL of Receipts This Page (optic	onal)	135.00
TOTAL This Poriod /lost nose this line or	Limber only)	
TOTAL This Period (last page this line n	(UITIDEL OTILY)	

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

FOR LINE NUMBER:					PAGE	. 1	13	OF	38
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Lugene A. (Tony) Fay		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Kevin Fowler Mailing Address 501 Corporate Centre Drive	Date of Receipt	
Suite 200 City	State Zip Code	09 01 2012 Transaction ID : SA11Al.6252
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) C. Kevin Fowler		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		335.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	PAGE	 14	OF	38		
(check on						
X 11a	11b		11c	12		
13	14		15	16		17

or for commercial purposes, other than usin	ng the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	NC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial) A. Donald Frederic		Date of Receipt
Mailing Address 501 Corporate Centre Di Suite 200		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6258
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	-
St. Mary's	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial) 3. Donald Frederic		Date of Receipt
Mailing Address 501 Corporate Centre Dr	M M / D D / Y Y Y Y	
Suite 200		09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6306
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	-
St. Mary's	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	rive	09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6254
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggregate real to bate ¥	
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (options	al)	350.00
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TOTAL This Period (last page this line nur	mber only)	

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) Jim Geist		Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6302
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Brian Hitchcock		Date of Receipt
Mailing Address 501 Corporate Centre Driv	ve	M M / D D / Y Y Y Y
Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6232
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.48
Name of Employer	Occupation	
Capella Healthcare	VP & Materials Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	769.32	
Full Name (Last, First, Middle Initial) C. Brian Hitchcock		Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200		09 30 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6280
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.48
Name of Employer	Occupation	-
Capella Healthcare	VP & Materials Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. agrogato roal to batto v	
Other (specify) ▼	854.80	
SUBTOTAL of Receipts This Page (optional	1)	270.96
TOTAL This Period (last page this line num	ber only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) A. Gay Huff		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 2012
City	State Zip Code TN 37067	Transaction ID : SA11AI.6263
Franklin	3/00/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Director Operations Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) 3. Gay Huff		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	09 30 2012
Franklin	TN 37067	Transaction ID : SA11AI.6311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Capella Healthcare	Director Operations Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Neil Kunkel		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6268
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	164.00
Name of Employer	Occupation	
Capella Healthcare	SVP - Chief Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1148.00	
SUBTOTAL of Receipts This Page (optional)		244.00
TOTAL This Period (last page this line number	or only)	

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	NC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) Neil Kunkel		Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6316
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	164.00
Name of Employer	Occupation	
Capella Healthcare	SVP - Chief Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1312.00	
Full Name (Last, First, Middle Initial) 3. Bill Little	·	Date of Receipt
Mailing Address 501 Corporate Centre Driv	ve	M = M / D = D / Y = Y = Y
Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6272
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	108.00
Name of Employer	Occupation	
CANN	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	756.00	
Full Name (Last, First, Middle Initial) . Bill Little		Date of Receipt
Mailing Address 501 Corporate Centre Dri Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6320
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	108.00
Name of Employer	Occupation	-
CANN	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	864.00	
SUBTOTAL of Receipts This Page (optional	I)	380.00
TOTAL This Period (last page this line num	ber only)	

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

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NAME OF COMMITTEE (in Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) Derek Lythgoe Mailing Address 501 Corporate Centre Drive Suste 200 City Franklin TN 37067 FEC ID number of contributing tederal political committee. Capetla Healthcare Hospital CFO Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin TN 37067 FEC ID number of contributing tederal political committee. City Franklin TN 37067 FEC ID number of contributing tederal political committee. City Franklin TN 37067 FEC ID number of contributing tederal political committee. City Franklin TN 37067 FEC ID number of contributing tederal political committee. Capetla Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt The Sound of Employer Capetla Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt The Sound of Employer Capetla Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al&248 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. City Transaction ID: SA11Al&248 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. City Transaction ID: SA11Al&248 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. City Transaction ID: SA11Al&248 Amount of Each Receipt this Period FEC ID number of contributing tederal political committee. Aggregate Year-to-Date ▼ Subte 200 City Transaction ID: SA11Al&248 Amount of Each Receipt this Period FEC ID number of contributing the Subte 200 Total Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Subte 200 Subte	or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
A. Derek Lythgoe Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Clity Franklin TN 37067 Full Name (Last, First, Middle Initial) S. Derek Lythgoe Mailing Address 501 Corporate Centre Drive Suite 200 Name of Employer Capela healthcare Clity Franklin TN 37067 FEC ID number of contributing federal political committee. Clity Franklin TN 37067 FEC ID number of contributing federal political committee. Clity Franklin TN 37067 FEC ID number of contributing federal political committee. Clity Franklin TN 37067 FEC ID number of contributing federal political committee. Clity Franklin TN 37067 Fecepit For: Primary General Other (specify) ▼ South 200 Date of Receipt Transaction ID: SA11AL8391 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AL8391 Amount of Each Receipt this Period Date of Receipt South Transaction ID: SA11AL8391 Transaction ID: SA11	' '	C. GOVERNMENT AFFAIRS COM	MITTEE
Suite 200 City State Zip Code TN 37067 FEC ID number of contributing tederal political committee. C			Date of Receipt
Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼	Suite 200		
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Octor (Specify) ▼ Aggregate Year-to-Date ▼ Primary General Octor (Specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Date of Receipt The syntax Code Transaction ID: SA11AL6301 Anount of Each Receipt this Period FEC ID number of contributing federal political committee. Capella Healthcare Receipt For: Primary General Other (specify) ▼ State Zip Code The Specify For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ State Zip Code The Specific For: Primary General Other (specify) ▼ Sulte 200 State Zip Code The Specific For: Primary General Other (specify) ▼ Sulte 200 State Zip Code The Specific For: Primary General Other (specify) ▼ Sulte 200 State Zip Code The Specific For: Primary General Other (specify) ▼ Sulte 200 Sulte 200 Sulte 200 State Zip Code The Specific For: Primary General Other (specify) ▼ Sulte 200 S	-		
Capella Healthcare Receipt For: Primary General Other (specify) ▼	•	C	
Primary General Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) 3. Derek Lythgoe Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing (ederal political committee. Name of Employer Capella Healthcare Hospital CFO Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) 3. Jerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing (ederal political committee. City State Zip Code TN 37067 FEC ID number of contributing (ederal political committee. City State Zip Code TN 37067 FEC ID number of contributing (ederal political committee. Name of Employer Capella Healthcare Hospital CEO Name of Employer Occupation Capella Healthcare Hospital CEO Receipt For: Aggregate Year-to-Date ▼ 100.00 Substotal CEO Receipt For: Aggregate Year-to-Date ▼ 100.00 Substotal CEO Receipt For: Aggregate Year-to-Date ▼ 100.00 Substotal of Receipts This Page (optional)	Capella Healthcare	Hospital CFO	
Mailing Address 501 Corporate Centre Drive Suite 200 Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare FEC ID number of contributing C State Zip Code Hospital CFO Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11Als301 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Als301 Amount of Each Receipt this Period Transaction ID: SA11Als301 Transaction ID: SA11Als301 Transaction ID: SA11Als301 Amount of Each Receipt this Period Transaction ID: SA11Als301 Transaction ID: SA11Als30			
Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Suite 200 Full Name (Last, First, Middle Initial) Jerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 FEC ID number of contributing federal political committee. City Franklin TN 37067 Date of Receipt Transaction ID : SA11Al.6301 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Transaction ID : SA11Al.6248 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Substotal of Receipts This Page (optional)	B. Derek Lythgoe		
Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lerry Mabry Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11Al.6248 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.6248 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11Al.6248 Amount of Each Receipt this Period Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Substotal of Receipts This Page (optional) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Substotal of Receipts This Page (optional)	Suite 200	State Zip Code	09 30 2012
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Gen			
Capella Healthcare Hospital CFO	•	C	
Primary General Other (specify) ▼	Capella Healthcare	· ·	
Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Date of Receipt 102012 Transaction ID: SA11Al.6248 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date ▼ 200.00	Primary General		
Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary Other (specify) ▼ Cuity State TN 37067 City Transaction ID: SA11Al.6248 Amount of Each Receipt this Period Toucoupation Hospital CEO Aggregate Year-to-Date ▼ 200.00 200.00			Date of Receipt
City State Zip Code Transaction ID : SA11AI.6248 Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) State Zip Code Transaction ID : SA11AI.6248 Amount of Each Receipt this Period 100.00 4 gregate Year-to-Date ▼ 200.00			
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).	City		
Capella Healthcare Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 900.00	· ·	C	100.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 900.00	Name of Employer	Occupation	
Primary General Other (specify) ▼ 900.00 SUBTOTAL of Receipts This Page (optional)		Hospital CEO	
SOBTOTAL OF Necepts This Page (optional)	Primary General		
TOTAL This Period (last page this line number only)		<u> </u>	200.00

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6296 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare Receipt For:	Occupation Hospital CEO Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 504 Owners Course Prince		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200	09 01 2012	
City	State Zip Code	Transaction ID : SA11AI.6245
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer Capella Healthcare	Occupation	
Receipt For:	Hospital CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	
Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y = Y = Y = Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Capella Healthcare	Hospital CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional)		360.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than usir	ng the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	NC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial) Onnald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6259
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggiogato Tour to Date v	
Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) 3. Donald McDaniel		Date of Receipt
Mailing Address 501 Corporate Centre Di	rive	M M / D D / Y Y Y Y
Suite 200		09 30 _2012 _
City	State Zip Code	Transaction ID : SA11AI.6307
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	-
Mineral	CFO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) C. Tim McGill		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	rive	09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6244
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
Capella Healthcare	Hospital CEO	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (option	al)	205.00
TOTAL This Period (last page this line nur	mber only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) 1. Tim McGill		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6292
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare Receipt For: Primary General	Occupation Hospital CEO Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Mark Medley		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11Al.6233
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Capella Healthcare	Division CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Capella Healthcare	Division CFO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) Dirk Morgan		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Capella Healthcare Receipt For:	Occupation Division CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial) Dirk Morgan Mailing Address 504.0		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200 City	State Zip Code	09 30 2012 Transaction ID : SA11AI.6282
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date •	
SUBTOTAL of Receipts This Page (optional)	•	200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, I	INC. GOVERNMENT AFFAIRS COM	······································
Full Name (Last, First, Middle Initial)		
Dan Ordyna		Date of Receipt
Mailing Address 501 Corporate Centre D	rive	M = M / D = D / Y = Y = Y = Y
Suite 200 City	State Zip Code	09 30 2012 Transaction ID : SA11Al.6297
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	1
Capella Healthcare	Hospital COO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Steven Owens		Date of Receipt
Mailing Address 501 Corporate Centre Di	rive	M = M / D = D / Y = Y = Y
Suite 200	State Zip Code	09 01 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6270 Amount of Each Receipt this Period
	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
SWMC	CNO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Steven Owens		Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200		09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6318
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
SWMC	CNO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (option	al)	130.00
	mber only)	
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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee NC. GOVERNMENT AFFAIRS COI	
Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Center Di	r Ste 200	Date of Receipt
City	State Zip Code	09 01 2012 Transaction ID : SA11Al.6243
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Company	Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Christina Patterson	,	Date of Receipt
Mailing Address 501 Corporate Center Dr	Ste 200	M = M / D = D / Y = Y = Y
City	State Zip Code	09 30 2012
Franklin	TN 37067	Transaction ID : SA11Al.6291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare Company	Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Matt Romero		Date of Receipt
Mailing Address 501 Corporate Centre Di Suite 200		09 01 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
MRMC	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	385.00	
SUBTOTAL of Receipts This Page (options	al) \	155.00
TOTAL This Period (last page this line nur	<u></u>	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) A. Matt Romero		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6315
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
MRMC	CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) 3. Benjamin Ross		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200	7.0.1	09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6257
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
Capella Healthcare	VP Physician Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	
Full Name (Last, First, Middle Initial) C. Benjamin Ross		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012 _
City	State Zip Code	Transaction ID : SA11AI.6305
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
Capella Healthcare	VP Physician Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
SUBTOTAL of Receipts This Page (optional)		221.66
TOTAL This Period (last page this line number	r only)	

	R LINE	PAGE	2	26	OF		38			
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	C. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) A. Charles Self		Date of Receipt
Mailing Address 501 Corporate Centre Drive		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6235
Brentwood	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	93.75
Name of Employer	Occupation	1
Capella Healthcare	VP/Risk Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	843.75	
Full Name (Last, First, Middle Initial) Charles Self		Date of Receipt
Mailing Address 501 Corporate Centre Drive	Suite 2	M = M / D = D / Y = Y = Y
City	Stata Zin Cod-	09 30 2012
City Brentwood	State Zip Code TN 37067	Transaction ID : SA11AI.6283
	0.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	93.75
Name of Employer	Occupation	
Capella Healthcare	VP/Risk Mgmt	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	937.50	
Full Name (Last, First, Middle Initial) C. Dan Slipkovich		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 2012
City	State Zip Code	Transaction ID : SA11AI.6236
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	195.00
Name of Employer	Occupation	-
Capella Healthcare Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	0.0	
Other (specify) ▼	1810.00	
SUBTOTAL of Receipts This Page (optional).		382.50
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COM	IMITTEE
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) Full Name (Last, First, Middle Initial)	State Zip Code TN 37067 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 2005.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) D. Andrew Slusser Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TN 37067 C Occupation Senior VP & Development Officer Aggregate Year-to-Date ▼ 1315.83	Date of Receipt 09 01 2012 Transaction ID: SA11Al.6237 Amount of Each Receipt this Period 140.00
Full Name (Last, First, Middle Initial) D. Andrew Slusser Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Senior VP & Development Officer Aggregate Year-to-Date ▼ 1455.83	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	475.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER:				PAGE	2	28	OF		38
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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, IN	IC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6256
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	VIP, CIO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) 3. Alan Smith	I	Date of Receipt
Mailing Address 501 Corporate Centre Driv	re	M M / D D / Y Y Y Y
Suite 200		09 30 2012
City	State Zip Code	Transaction ID : SA11AI.6304
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	VIP, CIO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) . Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6238
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.25
Name of Employer	Occupation	
Capella Healthcare	Hospital Finance Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	317.25	
SUBTOTAL of Receipts This Page (optional)	235.25
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:				PAGE	2	29 OF		38
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) A. Warren Smith		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.25
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 352.50	
Full Name (Last, First, Middle Initial) Wendell Van Es Mailing Address 501 Corporate Centre Drive		Date of Receipt
Suite 201 City	State Zip Code	09 01 2012 Transaction ID : SA11AI.6246
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	58.40
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.60	
Full Name (Last, First, Middle Initial) . Wendell Van Es		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 201		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.40
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	584.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	152.05
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	IC. GOVERNMENT AFFAIRS COM	IMITTEE
Full Name (Last, First, Middle Initial) A. Robert Wampler		Date of Receipt
Mailing Address 501 Corporate Centre Driv		09 01 7 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6239
Franklin FEC ID number of contributing federal political committee.	C 37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1215.00	
Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address Taylor	Date of Receipt	
Mailing Address 501 Corporate Centre Driv City Franklin	e, Ste 20 State Zip Code TN 37067	09 30 2012 Transaction ID: SA11Al.6287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 01 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer	Occupation	-
Capella Healthcare	coo	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1721.25	
SUBTOTAL of Receipts This Page (ontional)) >	455.00
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TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) A. Michael Wiechart		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	185.00
Name of Employer Capella Healthcare	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1906.25	
Full Name (Last, First, Middle Initial) Teresa Williams Mailing Address 501 Corporate Centre Drive Suite 200		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TN 37067	Transaction ID : SA11AI.6271
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Director - Clinical	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) C. Teresa Williams		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Capella Healthcare	Occupation Director - Clinical	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		285.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	3	32	OF	38	
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial) James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 01 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6240
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial) James R. Wiseman		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	09 30 2012
Franklin	TN 37067	Transaction ID : SA11AI.6288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	
Capella Healthcare	VP of Tax	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Lori Wooten		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6241
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Capella Healthcare	VP/Financial Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional)		260.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:				PAGE	3	33	OF		38
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC	C. GOVERNMENT AFFAIRS COMI	MITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City Brentwood	State Zip Code TN 37027	Transaction ID : SA11AI.6289
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Capella Healthcare	VP/Financial Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Beth Wright		Date of Receipt
Mailing Address 501 Corporate Centre Drive		M = M / D = D / Y = Y = Y
Suite 200 City	State Zip Code	09 01 2012
Franklin	TN 37067	Transaction ID : SA11AI.6255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Beth Wright		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		09 30 2012
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6303
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Capella Healthcare	VP Corp Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line number	r only)	

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

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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, IN	IC. GOVERNMENT AFFAIRS COM	MITTEE
Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6242
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer	Occupation	
Capella Healthcare	VP of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) 3. Lee Yuill		Date of Receipt
Mailing Address 501 Corporate Centre Driv Suite 200		09 30 / Y = Y = Y = Y
City Franklin	State Zip Code TN 37067	Transaction ID : SA11AI.6290
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer	Occupation	
Capella Healthcare	VP of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line numl	per only)	7177.98

	(check only 21b 27 27 27 25ed by any persical committee to	22 X 23 24 25 26 28a 28b 28c 29 30 son for the purpose of soliciting contributions o solicit contributions from such committee.
Zip Code 73070 Zip Code 73070 Zip General ecify) Zip Code	Category/	Date of Disbursement Transaction ID: SB23.6201 Amount of Each Disbursement Date of Disbursement this Period Transaction ID: SB23.6211 Amount of Each Disbursement this Period
Zip Code 73070 2012 General ecify) Zip Code	Category/ Type	Date of Disbursement M M M / D D / 2012 Transaction ID : SB23.6201 Amount of Each Disbursement this Period -1000.00 Date of Disbursement M M M / D D / 2012 Transaction ID : SB23.6211 Amount of Each Disbursement this Period
73070 2012 General ecify) Zip Code	Type Category/	Transaction ID: SB23.6201 Amount of Each Disbursement this Period -1000.00 Date of Disbursement M M M / D D / 2012 Transaction ID: SB23.6211 Amount of Each Disbursement this Period
73070 2012 General ecify) Zip Code	Type Category/	Transaction ID : SB23.6201 Amount of Each Disbursement this Period -1000.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
73070 2012 General ecify) Zip Code	Type Category/	Amount of Each Disbursement this Period -1000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General ecify) ▼ Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General ecify) ▼ Zip Code	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General ecify) ▼ Zip Code		Transaction ID : SB23.6211 Amount of Each Disbursement this Period
•		Transaction ID : SB23.6211 Amount of Each Disbursement this Period
•		7 Transaction ID : SB23.6211 Amount of Each Disbursement this Period
•		Amount of Each Disbursement this Period
		1000.00
2012	1,750	
General ecify)		
		Date of Disbursement
		09 24 2012
Zip Code 98507	I	Transaction ID : SB23.6204
Purpose of Disbursement contribution Candidate Name		
	Type	1000.00
		1000.00
		98507 Category/ Type 2012 General

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 36 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFFAI	RS COM	MITTEE
Full Name (Last, First, Middle Initial) A. PEOPLE FOR DEREK KILMER			Date of Disbursement
Mailing Address PO BOX 1574			09 25 2012
City GIG HARBOR Purpose of Disbursement	State Zip Code WA 98335		Transaction ID : SB23.6205
contribution			Amount of Each Disbursement this Period
Candidate Name DEREK KILMER		Category/ Type	1000.00
Senate President	ment For: 2012 Primary		
State: WA District: 06 Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y	
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name	,	Category/ Type	
Office Sought: House Disburser	ment For: Primary General Other (specify)		
Otato. District.			
SUBTOTAL of Disbursements This Page (optional)			1000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 37 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, p		
CAPELLA HEALTHCARE, INC. GO	VERNMENT AFFA	IRS COM	/ITTEE
<u> </u>			
Full Name (Last, First, Middle Initial)	<u> </u>		B (B)
A. Bill Sample for Arkansas Senate			Date of Disbursement
Mailing Address 2340 Northy Hwy 7			09 25 2012
Mailing Address 2540 Northly Tiwy 7			09 23 2012
City	tate Zip Code		Transaction ID - SP20 6244
	AR 71909		Transaction ID : SB29.6214
Purpose of Disbursement campaign contribution			Amount of Each Dishurson and this Davis d
Candidate Name			Amount of Each Disbursement this Period
Bill Sample for Arkansas Senate		Category/ Type	300.00
Office Sought: House Disbursem	ent For:	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disharanasa
B. Friends of Don Barrington			Date of Disbursement
Mailing Address 4506 N.E. Highlander Ct			09 25 2012
Maining Address 4500 N.E. Tilgillander Of			00 2012
,	tate Zip Code		Transaction ID : SB29.6210
	OK 73507		Transaction is . Obes.or to
Purpose of Disbursement campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Catanani	Allount of Each Bisbursement this Fellou
Friends of Don Barrington		Category/ Type	1000.00
Office Sought: House Disbursem	ent For:		
	Primary General		
	Other (specify) ▼		
State: OK District: 31			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
 C. Garrison Senate Re-Election Camp 			
Mailing Address 3806 Club View Drive			09 25 2012
,	tate Zip Code		Transaction ID : SB29.6206
Muskogee Purpose of Disbursement	OK 74403		
contribution	Amount of Each Disbursement this Period		
Candidate Name	Category/	Amount of Each Disbursement this Feriou	
Garrison Senate Re-Election Camp	paign	Type	1000.00
Office Sought: House Disbursem			
	Primary General		
_	Other (specify) ▼		
State: OK District:			
SURTOTAL of Dichurcomente This Base (anticas)			2300.00
SUBTOTAL of Disbursements This Page (optional)			

S 17

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 38 OF 38		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)				
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c X 29 30b		
Any information copied from such Reports and Stater	nents may not be sold or us	ed by any perso			
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
$ \; angle$ CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFF	AIRS COMI	MITTEE		
/					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Jay Inslee for Governor					
Mailing Address PO Box 21067			09 24 2012		
3					
City	State Zip Code		Transaction ID : SB29.6202		
Seattle	WA 98111		Transaction ID . 3B25.0202		
Purpose of Disbursement contribution to candidate for Governor			Amount of Each Disbursement this Period		
Candidate Name			Amount of Each Disbursement this Penou		
Jay Inslee for Governor		Category/ Type	1000.00		
Office Sought: House Disburser	nent For:	1,700	, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General				
President	Other (specify) ▼				
State: WA District:					
Full Name (Last, First, Middle Initial)			D (D) .		
B. John Vines Campaign			Date of Disbursement		
Mailing Address PO Box 245			09 25 2012		
Maining Addition 1 O Box 243			2012		
City	State Zip Code		Transaction ID : SB29.6212		
Hot Springs	AR 71903		Transaction 15 : 0523.0212		
Purpose of Disbursement campaign contribution			Amount of Each Disbursement this Period		
Candidate Name			Amount of Each disbursement this Feriou		
John Vines Campaign		Category/ Type	250.00		
Office Sought: House Disburser	nent For:	71			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
C.					
Mailing Address			M = M / D = D / Y = Y = Y		
City	State Zip Code				
Purpose of Disbursement					
r dipose of Disbursement		Amount of Each Disbursement this Period			
Candidate Name		Category/	Amount of Each Disbursement this Penou		
		Type			
Office Sought: House Disburser	nent For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
CURTOTAL of Dishuronments This Dane (authors)			1250.00		
SUBTOTAL of Disbursements This Page (optional)		······	125000		
TOTAL This Period (last page this line number only)			3550.00		