07/26/2011 15:57

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩ Example:If typing, type over the lines
L	CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS COMMITTEE
L		
AD	DRESS (number and street)	501 CORPORATE CENTRE DRIVE STE 200
	Check if different than previously reported. (ACC)	FRANKLIN
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY♠ STATE♠ ZIPCODE♠
	C00421420	3. IS THIS X NEW NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only))
	April 15 Quarterly Report(Q July 15 Quarterly Report(Q October 15 Quarterly Report(Q January 31 Quarterly Report(Y)	(c) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) in the
	X July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	Post -Election General (30G) Runoff (30R) Special (30S)
5.	Covering Period 0 1	0 1 2 0 1 1 through 0 6 3 0 2 0 1 1
	ertify that I have examined this for the or Print Name of Treasurer	Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay
Sig	nature of Treasurer Electron	nically Filed by Eugene A. (Tony) Fay Date 07 25 2011
NO	TE : Submission of false, error	neous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
	Office Use Only	FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		22307.28
	(b) Cash on Hand at Begining of Reporting Period	22307.28	
	(c) Total Receipts (from Line 19)	21031.94	21031.94
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43339.22	43339.22
7.	Total Disbursements (from Line 31)	24532.50	24532.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18806.72	18806.72
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed 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) Page 3

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

м м 0 1 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 20096.94 20096.94 (i) Itemized (use Schedule A) 935.00 935.00 (ii) Unitemized (iii) TOTAL (add 21031.94 21031.94 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 21031.94 21031.94 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21031.94 21031.94 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 21031.94 21031.94 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	1032.50	1032.50	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	▶ 1032.50	1032.50	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committeesand Other Political Committees	17000.00	17000.00	
Independent Expenditure (use Schedule E)	0.00	0.00	
Coordinated Expenditures Made by Par Committees (2 U.S.C. 441a(d)) (use Schedule F)	rty	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made		0.00	
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	
. Other Disbursements	6500.00	6500.00	
. Federal Election Activity (2 U.S.C 431((a) Shared Federal Election Activity	(20))		
(from Schedule H6) (i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entir 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	
. Total Disbursements (add Lines 21(c) 23, 24, 25, 26, 27, 28(d), 29 and 30(c	0.4500.50	24532.50	
	<i>"</i>		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a) 			
from Line 31)	24532.50	24532.50	

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)	21031.94	21031.94
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21031.94	21031.94
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1032.50	1032.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1032.50	1032.50

FE6AN026

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X		
or for commercial purposes, NAME OF COMMITTEE	other than using the name and	address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Mingle) John Bradford	,		Date of Receipt		
Mailing Address 501 C City	Mailing Address 501 Corporate Centre Drive City State Zip Code				
Franklin	TN	37067	Transaction ID: SA11AI.5629 Amount of Each Receipt this Period		
FEC ID number of contrib federal political committee	outing		240.00		
Name of Employer Capella Healthcare	Occupa Legal	ation Ops Director			
Receipt For: Primary Other (specify) ▼	eneral Aggreg	gate Year-to-Date ▼ 240.00			
Full Name (Last, First, Min Steven R. Brumfield			Date of Receipt		
Suite		06 / 30 / 2011			
City	State TN	Zip Code 37067	Transaction ID: SA11AI.5630		
	FEC ID number of contributing federal political committee. Name of Employer Capella Health, Inc. Occupation Vice Pre		Amount of Each Receipt this Period 546.00		
Name of Employer Capella Health, Inc.			re r		
Receipt For: Primary Other (specify) ▼	eneral	gate Year-to-Date ▼ 546.00			
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt		
Mailing Address 501 C	Corporate Center Dr Ste 20	06 30 7 2011			
City	State	'	Transaction ID: SA11AI.5665		
Franklin TN FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period 240.00		
Name of Employer Occupation Capella Healthcare Company Hospital CN0					
Receipt For: Primary Other (specify) ▼	eneral	gate Year-to-Date 240.00			
SUBTOTAL of Receipts Th	is Page (optional)		1026.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	he name and add	dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centr Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupatio VP & Go	Zip Code 37067 In evernment Programs e Year-to-Date ▼ 463.68	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5632 Amount of Each Receipt this Period 463.68
Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centr Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupatio VP & Qu	Zip Code 37067 In lality Management e Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 3 0 2 0 1 1 Transaction ID: SA11AI.5633 Amount of Each Receipt this Period 450.00
Full Name (Last, First, Middle Initial) Danny Crowe Mailing Address 501 Corporate Centr City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupatio Hospital		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) TOTAL This Period (last page this line numb			1183.68

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	Statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) APELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
	ll Name (Last, First, Middle Initial) gene A. (Tony) Fay			Date of Receipt
	501 Corporate Centre Suite 200			06 30 2011
Cit Fr	anklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5634 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	07007	510.00
Na Ca	ame of Employer apella Healthcare, Inc.	Occupatio Vice Pres		
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 510.00	
	II Name (Last, First, Middle Initial)	Date of Receipt		
Ma	Mailing Address 501 Corporate Centre Drive			06 30 7 9 9 1
Cit		State	Zip Code	Transaction ID: SA11AI.5664
	anklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		750.00
Na Ca	ame of Employer apella Healthcare	Occupatio Hospital		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Jim Geist			Date of Receipt
Ma	Mailing Address 501 Corporate Centre Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: SA11AI.5667
<u>Fr</u>	anklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		600.00
	ame of Employer apella Healthcare	Occupatio Hospital		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
OLID:	TOTAL of Receipts This Page (optional)			1860.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOVI	ERNMENT A	AFFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	06 30 4 2011		
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5636
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 512.88
	Name of Employer Capella Healthcare	Occupation VP & Ma	on aterials Management	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 512.88	
В.	Full Name (Last, First, Middle Initial) Derek Lythgoe Mailing Address 501 Corporate Centre	Date of Receipt		
		06 30 2011		
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5666
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 300.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) Jerry Mabry	Date of Receipt		
	Mailing Address 501 Corporate Centre Suite 200	06 30 2011		
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5658
	FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 600.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			1412.88
ļ	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	the name and add	dress of any political committee to	on for the purpose of soliciting contributions	
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 501 Corporate Cent Suite 200 City	Mike McCoy Mailing Address 501 Corporate Centre Drive Suite 200			
Franklin FEC ID number of contributing federal political committee.	TN	37067	Transaction ID: SA11AI.5655 Amount of Each Receipt this Period 780.00	
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Hospital Aggregate			
Full Name (Last, First, Middle Initial) Tim McGill Mailing Address 501 Corporate Cent Suite 200 City	Date of Receipt 0 6 3 0 2 0 1 1			
Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5653 Amount of Each Receipt this Period 750.00	
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Hospital Aggregate]	
Full Name (Last, First, Middle Initial) Mark Medley Mailing Address 501 Corporate Cent	Mark Medley			
Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5637 Amount of Each Receipt this Period 900.00	
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Division Aggregate			
SUBTOTAL of Receipts This Page (optional	ıl)		2430.00	

SCHEDULE A (FEC Form 3X)

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X 11a
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) LLA HEALTHCARE, INC. GOVE	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ne (Last, First, Middle Initial) gan			Date of Receipt
City Frankli	Suite 200	State TN	Zip Code 37067	Transaction ID: SA11AI.5638 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	07007	450.00
Receipt	Employer Healthcare For: imary General ther (specify) ▼	Occupation Division Aggregate]
Full Nan Elisa Mo Mailing /	Address 501 Corporate Centre I	Orive		Date of Receipt
City	Suite 200	State	Zip Code	0 6 3 0 2 0 1 1 Transaction ID: SA11AI.5651
	number of contributing political committee.	C	37067	Amount of Each Receipt this Period 240.00
Name of Capella	Employer Healthcare	Occupatio Hospital		
	For: imary General ther (specify) ▼	_ -	e Year-to-Date ▼ 240.00	
Full Nan Dan Ord	ne (Last, First, Middle Initial)			Date of Receipt
Mailing /	•	0 6 3 0 / Y Y Y Y Y		
City Frankli	n	State TN	Zip Code 37067	Transaction ID: SA11AI.5659 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		300.00
Name of Capella	Employer Healthcare	Occupatio Hospital		
	For: imary General ther (specify) ▼	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 300.00	
SUBTOTA	NL of Receipts This Page (optional)			990.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	he (cricer only one)
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by a g the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	OVERNMENT AFFAIRS COMMITTE	E
Full Name (Last, First, Middle Initial) Christina Patterson		Date of Receipt
Mailing Address 501 Corporate Ce	06 30 7 2011	
City <u>Franklin</u>	State Zip Code TN 37067	Transaction ID: SA11AI.5652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Capella Healthcare Company	Occupation Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Lynn Peoples		Date of Receipt
Mailing Address 501 Corporate Ce	0 6 3 0 / 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.5650
Brentwood FEC ID number of contributing federal political committee.	TN 37027	Amount of Each Receipt this Period 337.50
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.50
Full Name (Last, First, Middle Initial) Charles Self		Date of Receipt
Mailing Address 501 Corporate Ce	M M / D D / Y Y Y Y Y O D D / 2011	
City Brentwood	State Zip Code TN 37067	Transaction ID: SA11AI.5639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	562.50
Name of Employer Capella Healthcare	Occupation VP/Risk Mgmt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.50
SUBTOTAL of Receipts This Page (option		1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dan Slipkovich Mailing Address 501 Corporate Cer	atus Duive		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200 City	0 6 3 0 2 0 1 1 Transaction ID: SA11AI.5640		
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 1500.00
Name of Employer Capella Healthcare Company Receipt For:	- + -	ecutive Officer	
Primary General Other (specify) ▼	/iggrogate	1500.00	
Full Name (Last, First, Middle Initial) D. Andrew Slusser Mailing Address 501 Corporate Cer	Date of Receipt		
Suite 200	0 6 3 0 2 0 1 1 Transaction ID: SA11Al.5641		
<u>Franklin</u>	State TN	Zip Code 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Occupation Senior V			1174.98
		n P & Development Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1174.98	
Full Name (Last, First, Middle Initial) Warren Smith	l		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	06 30 7 2011		
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		07007	211.50
Name of Employer Occupatio Capella Healthcare Hospital		n Finance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 211.50	
SUBTOTAL of Receipts This Page (options	al)		2886.48

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one)		
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO		•			
Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt		
Mailing Address 501 Corporate Cer Suite 201	ntre Drive		0 6 3 0 7 Y Y Y Y Y Y		
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5656		
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 350.40		
Name of Employer Capella Healthcare	Occupation Hospital				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.40			
Full Name (Last, First, Middle Initial) Rodney VonDonkelaar	L		Date of Receipt		
Mailing Address 501 Corporate Cer					
City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5661		
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 600.00		
Name of Employer Capella Healthcare	Occupation Hospital				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt		
Mailing Address 501 Corporate Cer Suite 200	ntre Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5643		
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 600.00		
Name of Employer Capella Healthcare	Occupation Senior V	n P & General Counsel			
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00			
SUBTOTAL of Receipts This Page (options	al))	1550.40		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
)	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre	D: 01.0		Date of Receipt
		· 		06 30 2011
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		810.00
	Name of Employer Capella Healthcare Company	Occupation VP & Op	n perations CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.00	
- В.	Full Name (Last, First, Middle Initial) Denise Warren			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		06 30 4 2011
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5669
	FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 1500.00
	Name of Employer Capella Healthcare	Occupation Senior V	n P & CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
_ С.	Full Name (Last, First, Middle Initial) Michael Wiechart			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5660
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 1447.50
	Name of Employer Capella Healthcare	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1447.50	
	SUBTOTAL of Receipts This Page (optional) .			3757.50
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) X 11a 11b 11c 12		
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
CAPELLA HEALTHCARE, INC. G	OVERNMENT A	FFAIRS COMMITTEE			
Full Name (Last, First, Middle Initial) James R. Wiseman Mailing Address 501 Corporate Ce Suite 200	ntre Drive		Date of Receipt 0 6 3 0 2 0 1 1		
City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.5645 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		480.00		
Name of Employer Capella Healthcare	Occupatio VP of Ta				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) Lori Wooten	l		Date of Receipt		
Mailing Address 501 Corporate Ce Suite 200	Suite 200				
City Brentwood	State TN	Zip Code 37027	Transaction ID: SA11AI.5646		
FEC ID number of contributing federal political committee.	C	3/02/	Amount of Each Receipt this Period 600.00		
Name of Employer Capella Healthcare	Occupatio VP/Finar				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Beth Wright	atus Daire		Date of Receipt		
Mailing Address 501 Corporate Ce			06 30 2011		
City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.5668 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Capella Healthcare	Occupatio VP Corp	n Communications			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (option	nal)		1380.00		
TOTAL This Period (last page this line nur					

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 17/23 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Lee Yuill 501 Corporate Centre Drive Mailing Address 06 30 2011 Suite 200 City State Zip Code Transaction ID: SA11AI.5647 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing 420.00 C federal political committee. Name of Employer Capella Healthcare Occupation VP of Internal Audit Receipt For: Aggregate Year-to-Date Primary General 420.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	420.00
TOTAL This Period (last page this line number only)	•	20096.94

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 18 / 23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5673 KraftCPAs PLLC Date of Disbursement 11 o 1 2011 Mailing Address 555 Great Circle Road Suite 200 City State Zip Code Amount of Each Disbursement this Period Nashville ΤN 37228 560.00 Purpose of Disbursement accounting fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5684 KraftCPAs PLLC Date of Disbursement 0 9 0 3 2011 Mailing Address 555 Great Circle Road Suite 200 City State Zip Code Amount of Each Disbursement this Period Nashville TN 37228 320.00 Purpose of Disbursement accounting fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	>	880.00
TOTAL This Period (last page this line number only)	•	880.00

Other (specify)

State:

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one)			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
CAPELLA HEALTHCARE, INC. GOVERN	MENT AFFAIRS COMMIT	ΓΤΕΕ				
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: SB23.5693 Date of Disbursement			
Mailing Address P.O. Box 261060			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} M & N \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period			
Purpose of Disbursement campaign			2000.00			
Candidate Name XAVIER BECERRA		Category/ Type				
	ement For: 2012 Primary General Other (specify)					
State: CA District: 31						
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE			Transaction ID: SB23.5691 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address P.O. Box 1776	Mailing Address P.O. Box 1776					
City Freedom	State Zip Code PA 15042		Amount of Each Disbursement this Period			
Purpose of Disbursement campaign			1000.00			
Candidate Name JASON ALTMIRE		Category/ Type				
	ement For: 2012 Primary General Other (specify)					
State: PA District: 04						
Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITAL	S PAC		Transaction ID: SB23.5675 Date of Disbursement			
Mailing Address 801 PENNSYLVANIA AV SUITE 245	/ENUE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$			
City WASHINGTON	State Zip Code DC 20004		Amount of Each Disbursement this Period			
Purpose of Disbursement fundraiser			5000.00			
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)			8000.00			
			1,1111111111111111111111111111111111111			
TOTAL This Period (last page this line number only)						

	PUEDOFE B (·		arate schedule(s)			ck only	NUMBE	n.			PAGE	20 / 2	23
	EMIZED DISB			Detailed :	category of the Summary Page			21b 27	22 28a		23 28b	24 280		25 29	В
	y Information copied from commercial purposed NAME OF COMMIT CAPELLA HEALT	es, other than using	the name a	and addres	ss of any political	com	mittee								
_		-			711110 001111111										
	Full Name (Last, Firs MCCONNELL SE	NATE COMMITT	EE '14						Date	of Disl		D /		2 0 1 1	Υ
	Mailing Address	PO BOX 1496							0 0		Ů	- 1		0 1 1	
	City LOUISVILLE			ate Y	Zip Code 40201				Amou	ınt of E	Each	Disburs			
	Purpose of Disburser contribution	nent							L.				23	00.00	
	Candidate Name MITCH MCCONN	ELL					itegor Type	'y/							
		House Senate President		ent For: Primary Other (spe	2014 General										
		strict: 00												_	
	Full Name (Last, Firs NELSON 2012	t, Middle Initial)							Date	sactio of Disl м /	ourse		V V	· V	V
	Mailing Address	PO BOX 8666							0 4	/	^D 2	7 ′	2	0 1 1	'
	City OMAHA			ate IE	Zip Code 68108				Amou	ınt of E	Each	Disburs	semen	t this P	erio
	Purpose of Disburser campaign	ment											10	00.00	
	Candidate Name E BENJAMIN NEL	_SON					itegor Type	ry/							
		House Senate President strict: 00		ent For: Primary Other (spe	2012 General		.) -								
	Full Name (Last, Firs ROSKAM FOR CO	t, Middle Initial)	IMITTEE							saction of Disl		SB23	3.569	5	
	Mailing Address	P. O. BOX 713							0 ^M 5	M /	^D 3	D /	Ý Ž	0 1 1	Υ
	City WHEATON		St IL	ate	Zip Code 60187				Amou	ınt of E	Each	Disburs	semen	t this P	eric
	Purpose of Disburser campaign	nent							<u>L.</u>	•			10	00.00	
	Candidate Name PETER ROSKAM						itegor Type	y/							
	Office Sought: X	House Senate President		ent For: Primary Other (spe	2012 General										
	State: IL Di	strict: 06													
_															

В.

President

District: 06

age# 11932077904								
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 21 / 23					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28l	24 25 26 28c 29 30b				
Any Information copied from such Reports and State or for commercial purposes, other than using the r								
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT AFFAIRS COMM	ITTEE						
Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE CO Mailing Address P.O. BOX 395	MMITTEE INC		Date of Disbu	ID: SB23.5679 Irsement				
City WRENTHAM Purpose of Disbursement	State Zip Code MA 02903		Amount of Ea	ch Disbursement this Period 2500.00				
contribution Candidate Name SCOTT P BROWN		Category/ Type						
Office Sought: House Disbute	xrsement For: 2012 X Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US			Date of Disbu	D D / Y Y Y				
Mailing Address P.O. BOX 490			0.3	28 2011				
City ST. JOSEPH	State Zip Code MI 49085		Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement campaign			2000.00					
Candidate Name FREDERICK STEPHEN UPTON		Category/ Type						
Office Sought: X House Disbu	ursement For: 2012 X Primary General							

SUBTOTAL of Disbursements This Page (optional)	•	4500.00
TOTAL This Period (last page this line number only)	•	17000.00

Other (specify)

State: MI

	PUEDOFE B (L		′ ∣ Use sepa	arate schedule(s)		INE NUMBER: PAI only one)	GE 22 / 23
	EMIZED DISBU		Detailed	category of the Summary Page	21b	22 23 24 28a 28b 28c	25 X 29
		, other than using th				on for the purpose of soliciting co o solicit contributions from such co	
	CAPELLA HEALTH	` '	VERNMENT AFF	FAIRS COMMI	TTEE		
	Full Name (Last, First, Bill Haslam Inaugur	,	11			Transaction ID: SB29.5	
	Mailing Address 17	'01 West End Av	enue Suite 300			0 1 1 1 1	2011
	City Nashville		State TN	Zip Code 37203		Amount of Each Disburser	
	Purpose of Disburseme	ent]	500.00
	Candidate Name				Category/ Type		
		Senate President	isbursement For: Primary Other (spe	General ▼			
_	State: Dist						
	Full Name (Last, First, Friends of THA	Middle Initial)				Transaction ID: SB29.5 Date of Disbursement	5676
	Mailing Address 50	00 Interstate Blvd	I, S			02 M / 09 / Y	2 0 1 1 °
	City Nashville		State TN	Zip Code 37210		Amount of Each Disburser	nent this Perio
	Purpose of Disburseme fundraiser	ent				1	3000.00
	Candidate Name				Category/ Type		
		Senate President	isbursement For: Primary Other (spe	General ecify) ▼			
	State: Dist Full Name (Last, First,					Transaction ID: SB29.5	5698
	Karl Dean for Mayo					Date of Disbursement	2 0 1 1
		316 Hayes Street					
	City Nashville		State TN	Zip Code 37203		Amount of Each Disburser	nent this Perio
	Purpose of Disburseme campaign for Mayor	ent]	1000.00
	Candidate Name	! =			Category/ Type		
		House D Senate President	isbursement For: Primary Other (spe	General			
	State: Dist	I		· - · · // •			

	00UEDIU E D (EEO E			
	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ľ	ITEMIZED DISBURSEMENTS	for each category of the	(check only o	·
		Detailed Summary Page	21b 27	22
Γ	Any Information copied from such Reports and Statem		y any person for	the purpose of soliciting contributions
Į	or for commercial purposes, other than using the name	e and address of any political co	mmittee to solic	it contributions from such committee
ſ	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVERNI	MENT AFFAIRS COMMITT	EE	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.5677
Α.	OHPAC			Date of Disbursement
	Mailing Address 400 Kruse Way, Suite 10)0		0 2 M / D 0 9 / Y Y Y Y 1 Y
	<u></u>			
	City Lake Oswego	State Zip Code OR 97035		Amount of Each Disbursement this Period
	Purpose of Disbursement	On 97033		1000.00
	fundraiser			
	Candidate Name		Category/	
			Туре	
	Office Sought: House Disburse	ement For:		
	Senate	Primary General		
	President State: District:	Other (specify)		
-				
В.	Full Name (Last, First, Middle Initial) Washington Hospital PAC			Transaction ID: SB29.5678 Date of Disbursement
	Washington Flospital FAO			
	Mailing Address 300 Elliott Avenue West Suite 300		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$	
		State Zip Code		Amount of Each Disbursement this Period
	Seattle	WA 98119		1000.00
	Purpose of Disbursement fundraiser		•	1000.00
	Candidate Name	\	Catagony	
	Odificiale Natife		Category/ Type	
	Office Sought: House Disburse	ement For:	-	
	Senate	Primary General		
	President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	6500.00

State:

District: