

FEC 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
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street) 501 CORPORATE CENTRE DRIVE STE 200
 Check if different than previously reported. (ACC)
FRANKLIN TN 37067

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Eugene A. (Tony) Fay

Signature of Treasurer Electronically Filed by Eugene A. (Tony) Fay Date 04 14 2008

NOTE : Submission of false, erroneous, 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**

Write or Type Committee Name
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		19452.49
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	19452.49									
(c) Total Receipts (from Line 19)	8928.59	8928.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28381.08	28381.08								
7. Total Disbursements (from Line 31)	10352.50	10352.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18028.58	18028.58								
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									

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

For further information contact:

Federal Election Commission
 999 E street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7386.70	7386.70
(i) Itemized (use Schedule A)		
(ii) Unitemized	1541.89	1541.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	8928.59	8928.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	8928.59	8928.59
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8928.59	8928.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8928.59	8928.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	352.50	352.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	352.50	352.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	9000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10352.50	10352.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10352.50	10352.50

DETAILED SUMMARY PAGE
of Disbursements

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	8928.59	8928.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8928.59	8928.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	352.50	352.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	352.50	352.50

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
 J. Thomas Anderson
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City State Zip Code
Brentwood TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4380
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 J. Thomas Anderson
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City State Zip Code
Brentwood TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 8
Transaction ID: SA11AI.4381
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dan Aranda
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City State Zip Code
Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4404
 Amount of Each Receipt this Period
 231.24
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company Hospital CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.24

SUBTOTAL of Receipts This Page (optional) ► **1231.24**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dan Aranda

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Company Hospital CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 462.48

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.4405

Amount of Each Receipt this Period
 231.24

B. Full Name (Last, First, Middle Initial)
 Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Health, Inc. Vice President/Assistant PAC Treasurer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period
 182.00

C. Full Name (Last, First, Middle Initial)
 Rick Charbonneau

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Company VP Managed Care

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period
 110.00

SUBTOTAL of Receipts This Page (optional) ▶ **523.24**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) S. Ray Coffey</p> <p>Mailing Address 501 Corporate Centre Drive Suite 200</p> <p>City State Zip Code Franklin TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Capella Healthcare VP & Government Programs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 309.12</p>	<p>Date of Receipt 03 / 26 / 2008</p> <p>Transaction ID: SA11AI.4385</p> <p>Amount of Each Receipt this Period 154.56</p>
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<p>B. Full Name (Last, First, Middle Initial) Beverly Craig</p> <p>Mailing Address 501 Corporate Centre Drive Suite 200</p> <p>City State Zip Code Franklin TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Capella Healthcare VP & Quality Management</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 03 / 26 / 2008</p> <p>Transaction ID: SA11AI.4387</p> <p>Amount of Each Receipt this Period 180.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay</p> <p>Mailing Address 501 Corporate Centre Drive Suite 200</p> <p>City State Zip Code Franklin TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Capella Healthcare, Inc. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>	<p>Date of Receipt 03 / 26 / 2008</p> <p>Transaction ID: SA11AI.4389</p> <p>Amount of Each Receipt this Period 170.00</p>
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SUBTOTAL of Receipts This Page (optional)	504.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Diane Fulton	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.4408
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare Occupation: Hospital CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Gail Harrington	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.4411
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare Occupation: Director of Medical Records Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Brian Hitchcock	Date of Receipt MM / DD / YYYY 03 / 26 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.4391
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 170.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare Occupation: VP & Materials Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 341.92	

SUBTOTAL of Receipts This Page (optional)	670.96
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 George Kruger

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital Finance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 26 / 2008
Transaction ID: SA11AI.4401
 Amount of Each Receipt this Period 120.00

B. Full Name (Last, First, Middle Initial)
 Jon O'Shaunnesy

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 08 / 2008
Transaction ID: SA11AI.4398
 Amount of Each Receipt this Period 320.00

C. Full Name (Last, First, Middle Initial)
 Jon O'Shaunnesy

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 03 / 26 / 2008
Transaction ID: SA11AI.4399
 Amount of Each Receipt this Period 320.00

SUBTOTAL of Receipts This Page (optional) ► **760.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
D. Andrew Slusser

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.66

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4392

Amount of Each Receipt this Period
391.66

B.

Full Name (Last, First, Middle Initial)
D. Andrew Slusser

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 783.32

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period
391.66

C.

Full Name (Last, First, Middle Initial)
Howard Wall

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4394

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1183.32**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt MM / DD / YYYY 03 / 26 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4395
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.

Full Name (Last, First, Middle Initial) Denise Warren		Date of Receipt MM / DD / YYYY 03 / 26 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4413
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Capella Healthcare	Occupation Senior VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt MM / DD / YYYY 03 / 26 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4403
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.38
Name of Employer Capella Healthcare	Occupation Hospital Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.76	

SUBTOTAL of Receipts This Page (optional)	2513.38
TOTAL This Period (last page this line number only)	7386.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
KraftCPAs PLLC

Transaction ID: SB21B.4423

Date of Disbursement

Mailing Address 555 Great Circle Road
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
accounting fees

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4418 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4416 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
C. Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH Mailing Address 228 S WASHINGTON STE 115 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4421 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN TANNER

Transaction ID: SB23.4420

Date of Disbursement

Mailing Address Post Office Box 1994
Post Office Box 1994

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	8

City Union City State TN Zip Code 38281

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
fundraiser

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: TN District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Committee to Elect McPeak

Transaction ID: SB29.4414

Date of Disbursement

Mailing Address PO Box 63

^M 0	^M 1	/	^D 1	^D 7	/	^Y 2	^Y 0	^Y 0	^Y 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Warner State OK Zip Code 74469

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
campaign

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OK District: 13

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

1000.00
