09/15/2010 14:04

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 501 CORPORATE CENTRE DRIVE STE 200 ADDRESS (number and street) Check if different than previously **FRANKLIN** TN 37067 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421420 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2010 8 0 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay Type or Print Name of Treasurer Electronically Filed by Eugene A. (Tony) Fay 09 14 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 22

FEC Form 3X (Rev. 02/2003)

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

D D " D 08 0 1 2010 0.8 31 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 25601.19 January 1 (b) Cash on Hand at 19962.05 Begining of Reporting Period 9873.11 35351.47 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 29835.16 60952.66 6(a) and 6(c) for Column B) 5700.00 36817.50 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 24135.16 24135.16 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 22

2 0 1 0

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

M M M 0 8 0 1 7 7 W Y Y W Y 2 0 1 0 To:

To:

M M M 0 8 3 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	9728.11	31194.63
(ii) Unitemized	145.00	4156.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9873.11	35351.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9873.11	35351.47
Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
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))	9873.11	35351.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9873.11	35351.47

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 22

	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	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	222.22	1000 50
	Expenditures	200.00	1392.50
	(c) Total Operating Expenditures	200.00	1000 50
_	(add 21(a)(i), (a)(ii) and (b))	200.00	1392.50
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	2000.00	25300.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_	Larra Mada	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
•	(a) Individuals/Persons Other	0.00	125.00
	Than Political Committees	0.00	123.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		105.00
	(add Lines 28(a), (b), and (c))	0.00	125.00
9.	Other Disbursements	3500.00	10000.00
	F		
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(i) i caciai chaic		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5700.00	36817.50
	Total Federal Disbursements		
2.	Total Todoral Biobaroomonto		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	5700.00	36817.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 22

III. Ne	et Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans)	9873.11	35351.47
	ribution Refunds 28(d))	0.00	125.00
	outions (other than loans) ine 34 from Line 33)	9873.11	35226.47
	ral Operating Expenditures 21(a)(i) and Line 21(b))	200.00	1392.50
	Operating Expenditures 15, page 3)	0.00	0.00
•	ing Expenditures ine 37 from Line 36)	200.00	1392.50

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (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 persodress of any political committee to	on for the purpose of soliciting contributions o 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) J. Thomas Anderson			Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200	Drive		08 23 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5399	
	Brentwood	TN	37067	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		750.00	
	Name of Employer Capella Healthcare	Occupation Presider			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		2500.00		
В.	Full Name (Last, First, Middle Initial) Bruce Baldwin			Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200			08 23 7 2010	
	City State Brentwood TN		Zip Code 37027	Transaction ID: SA11AI.5422	
	FEC ID number of contributing federal political committee.	C	3/02/	Amount of Each Receipt this Period 420.00	
	Name of Employer Capella Healthcare	Occupation Hospital			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	700.00		
C.	Full Name (Last, First, Middle Initial) Phil Bandy			Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200			08 23 7 2010	
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5421	
	FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 131.25	
	Name of Employer Capella Healthcare	Occupation Hospital			
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 437.50		
	SUBTOTAL of Receipts This Page (optional) .			1301.25	
	TOTAL This Period (last page this line number		<u> </u>		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) APELLA HEALTHCARE, INC. GOVE	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Il Name (Last, First, Middle Initial)	. NIVIVILIVI P	TAINS COMMITTEE	
_	even R. Brumfield ailing Address 501 Corporate Centre [Suite 200	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y		
Cit Fr		State TN	Zip Code 37067	Transaction ID: SA11AI.5402 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	07007	273.00
	ame of Employer apella Health, Inc. eceipt For:		n sident/Assistant PAC Treasu y Year-to-Date ▼	ırer
	Primary General Other (specify) ▼	33 3 3	910.00	
	Full Name (Last, First, Middle Initial) Michelle Carpenter			Date of Receipt
Ma 	ailing Address 501 Corporate Centre E Suite 200	08 23 7 2010		
Cit Fr	ty ranklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5403 Amount of Each Receipt this Period
FE	CC ID number of contributing deral political committee.	C		82.50
Na Ca	ame of Employer apella Healthcare	Occupatio Director	n Patient Accounting	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 262.50]
	Il Name (Last, First, Middle Initial) Ray Coffey			Date of Receipt
	iiling Address 501 Corporate Centre [Suite 200	Orive		08 23 Y Y Y Y Y Y Y Y
Cit <u>Fr</u>	ty ranklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5404 Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		231.84
Na Ca	ame of Employer apella Healthcare	Occupatio VP & Go	n vernment Programs	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 772.80	
SUB	TOTAL of Receipts This Page (optional)			587.34

SCHEDULE A (FEC Form 3X)

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 confributions from such committee. NAME OF COMMITTEE (in Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 5 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capellal Healthcare Quality Management VP & Quality Management VP & Quality Management VP & Quality Management VP & Quality Management Other (specify) ▼ Full Name (Last, First, Middle Initial) Palatoia Compton Mailing Address 501 Corporate Centre Drive Suite 200 City FEC ID number of contributing federal political committee. C. Name of Employer Capellal Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C. City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C C C Cocupation Walling Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C C C Cocupation Walling Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C C Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt Time Th 37067 FEC ID number of contributing federal political committee. C C Pull Name (Last, First, Middle Initial) Patricia Crumpton FEC ID number of contributing federal political committee. C C Pull Name (Last, First, Middle Initial) Panice Darnaby Mailing Address 501 Corporate Centre, Ste 200 City State Zip Code Franklin TN 37067 Full Name (Last, First, Middle Initial) Panice Darnaby Mailing Address 501 Corporate Centre, Ste 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C State Zip Code Th 375.00 Date of Receipt Transaction ID: SA11AL5205 Transaction ID: SA11AL5206 Amount of Each Receipt this Period Transaction ID: SA11AL5206 Transaction ID: SA11AL5206 Amount of Each Receipt this Period Transaction ID: SA11AL5206 Transaction ID	A C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Other (specify) ▼	∠ 4.	Beverly Craig	Orive		M M / D D / Y Y Y Y
FEC ID number of contributing rederal political committee. Name of Employer Capella Healthcare		Suite 200 City	State	·	Transaction ID: SA11AI.5405
Receipt For: Primary		FEC ID number of contributing	С		
B. Patricia Crumpton Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare City State Zip Code Transaction ID: SA11AI.5437 Amount of Each Receipt this Period Tourns and		Receipt For: Primary General	VP & Qu	ality Management e Year-to-Date ▼ 750.00	
City State Zip Code Transaction ID: SA11AI.5437 Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Hospital CNO Full Name (Last, First, Middle Initial) Janice Darnaby Mailing Address 501 Corporate Centre, Ste 200 City State Zip Code Transaction ID: SA11AI.5426 Franklin TN 37067 FEC ID number of contributing federal political committee. C Date of Receipt M M D D D A D D D A D D D A D D D D D D	3.	Patricia Crumpton Mailing Address 501 Corporate Centre I	Drive		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare					
Capella Healthcare Receipt For: Primary General Quantic Strict General Quantic Strict General Quantic Strict Quantic Strict		FEC ID number of contributing		37067	
Receipt For: Primary		Name of Employer Capella Healthcare			
Date of Receipt Mailing Address 501 Corporate Centre, Ste 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O B 2 3 2 2 0 1 0 Transaction ID: SA11AI.5426 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 476.60		Primary General	-	e Year-to-Date ▼	
Mailing Address 501 Corporate Centre, Ste 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 142.98	<u> </u>	,			Date of Receipt
City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ State Zip Code TN 37067 Amount of Each Receipt this Period Acceptable Period Acceptable Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 476.60	•	· · · · · · · · · · · · · · · · · · ·	Ste 200		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) Aggregate Year-to-Date 476.60		-		•	Transaction ID: SA11AI.5426
Receipt For: Primary		FEC ID number of contributing		3/06/	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 476.60		Name of Employer Capella Healthcare Company Occupation Hospital CNC			
SUBTOTAL of Receipts This Page (optional)		Primary General	<u> </u>	e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)			442.98

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO			o solicit contributions from such committee.
/ Full Name (Last, First, Middle Initial) Patricia Dolan			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	ter Drive		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.5434
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:	 	e Year-to-Date ▼	
Primary General Other (specify) ▼	1.99.09410	450.00	
Full Name (Last, First, Middle Initial) Patty Doles	!		Date of Receipt
Mailing Address 501 Corporate Centre Dr Suite 200			08 23 7 9 9 9
City	State	Zip Code	Transaction ID: SA11AI.5424
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		141.66
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 637.47	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive		08 23 2010
City	State	Zip Code	Transaction ID: SA11AI.5406
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		255.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		850.00	
SUBTOTAL of Receipts This Page (optional			496.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) X	
C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	/ERNMENT A	FFAIRS COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Robert Hammond	Date of Receipt			
	Mailing Address 501 Corporate Centre Suite 200	e Drive		08 23 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5407	
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 125.00	
	Name of Employer Capella Healthcare	Occupation Division			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00		
 3.	Full Name (Last, First, Middle Initial) Kirk Hanson			Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200			08 / 23 / Y Y Y Y Y	
	City State		Zip Code	Transaction ID: SA11AI.5408	
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 75.00	
	Name of Employer Capella Healthcare	Occupation Director			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
_ ;.	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200	e Drive		08 23 7 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5409	
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 256.44	
	Name of Employer Capella Healthcare	Occupation VP & Ma	n terials Management		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 854.80		
Г		l		456.44	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 22 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	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.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		7in Oada	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.5438 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Mike McCoy	Dutino		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	08 23 2010		
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5435
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 390.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1300.00	
C.	Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		08 23 7 2010
	City	State	Zip Code	Transaction ID: SA11AI.5431
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 375.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	SUBTOTAL of Receipts This Page (optional)			1065.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee		
	OVERNMENT AFFAIRS COMMITTEE		
Full Name (Last, First, Middle Initial) John McLain		Date of Receipt	
Mailing Address 501 Corporate Cen	tre Dr, Ste 200 State Zip Code	08 23 2010	
City Franklin	TN 37067	Transaction ID: SA11AI.5427 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt	
Mailing Address 501 Corporate Cen Suite 200		08 23 7 2010	
City <u>Fra</u> nklin	State Zip Code TN 37067	Transaction ID: SA11AI.5410 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	TN 37067	450.00	
Name of Employer Capella Healthcare	Occupation Division CFO		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1500.00		
Full Name (Last, First, Middle Initial) Dirk Morgan			
Mailing Address 501 Corporate Cen Suite 200		08 / 23 / 2010	
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5411 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	225.00	
Name of Employer Capella Healthcare	Occupation Division CFO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
SUBTOTAL of Receipts This Page (optional	ll	1075.00	

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 / 22 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	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) Elisa Moylan Mailing Address 501 Corporate Cen	tro Drivo		Date of Receipt
Suite 200 City	State	Zip Code	0 8 2 3 2 0 1 0 Transaction ID: SA11AI.5425
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 180.00
Name of Employer Capella Healthcare Receipt For:	Occupation Hospital		
Primary General Other (specify) ▼	riggiogalo	600.00	
Full Name (Last, First, Middle Initial) Butch Naylor Mailing Address 501 Corporate Centre Drive			Date of Receipt
Suite 200 City State Zip Code			08 23 2010
Franklin	TN	37067	Transaction ID: SA11AI.5429 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			75.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dan Ordyna			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive		08 / 23 / 2010
City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5440
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			405.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 22 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. 0	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Ce	enter Dr Ste 200		Date of Receipt
City Franklin FEC ID number of contributing	State TN	Zip Code 37067	Transaction ID: SA11AI.5428 Amount of Each Receipt this Period 150.00
Receipt For: Primary Other (specify)	Occupation Hospital]
Full Name (Last, First, Middle Initial) Lynn Peoples Mailing Address 501 Corporate Ce	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	0 8 2 3 2 0 1 0 Transaction ID: SA11Al.5423
Brentwood TN FEC ID number of contributing federal political committee.		37027	Amount of Each Receipt this Period 168.75
Name of Employer Capella Healthcare	lame of Employer Occupation Appella Healthcare Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 281.25	
Full Name (Last, First, Middle Initial) Mitzi Pouncy			Date of Receipt
Mailing Address 501 Corporate Ce	entre Drive		08 23 YYYY 2010
City	State	Zip Code	Transaction ID: SA11AI.5433
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)		393.75

	A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 / 22 (check only one)
ITEMIZED RE	CEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copi or for commercial pu	ed from such Reports and rposes, other than using the	Statements may e 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.
NAME OF COMI	MITTEE (In Full) ALTHCARE, INC. GOV	ERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, Charles Self	First, Middle Initial)			Date of Receipt
	501 Corporate Centre	Drive Suite 2	2	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: SA11Al.5412
Brentwood		TN	37067	Amount of Each Receipt this Period
FEC ID number of federal political co		C		281.25
Name of Employe Capella Healthca	er re	Occupation VP/Risk		1
Receipt For:			Year-to-Date ▼	
Primary Other (spec	General cify) ▼	33 13111	468.75	
Full Name (Last, Dan Slipkovich	First, Middle Initial)			Date of Receipt
Mailing Address	501 Corporate Centre Suite 200	Drive		08 / 23 / Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.5413
<u>Franklin</u>		TN	37067	Amount of Each Receipt this Period
FEC ID number of federal political co		C		750.00
Name of Employe Capella Healthca	er re Company	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 2500.00	
Full Name (Last, D. Andrew Slusser	First, Middle Initial)			Date of Receipt
Mailing Address	501 Corporate Centre Suite 200	Drive		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.5414
<u>Franklin</u>		TN	37067	Amount of Each Receipt this Period
FEC ID number of federal political co		C		587.49
Name of Employe Capella Healthca	er re	Occupation Senior V	n P & Development Officer	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spec	☐ General cify) ▼		1958.30	
SUBTOTAL of Red	reipts This Page (optional) .			1618.74
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 22 (check only one) X
Any information copied from such Reports ar 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 of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Warren Smith Mailing Address 501 Corporate Cent	tre Drive		Date of Receipt 0 8 2 3 2 0 1 0
Suite 200 City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.75
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼		Finance Officer Year-to-Date 352.50	
Full Name (Last, First, Middle Initial) Joel Taylor Mailing Address 501 Corporate Cent Suite 200	tre Drive		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	Transaction ID: SA11AI.5439
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 150.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
Mailing Address 501 Corporate Cent Suite 201	tre Drive		08 23 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	175.20
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 584.00	
SUBTOTAL of Receipts This Page (optional			430.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 22 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GC	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200		75.0.4	08 23 2010
City	State	Zip Code	Transaction ID: SA11AI.5416
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 300.00
	Occupatio	n	_
Name of Employer Capella Healthcare		P & General Counsel	
Receipt For:	 	Year-to-Date V	7
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Robert Wampler	1		Date of Receipt
Mailing Address 501 Corporate Cen	tre Drive, Ste 2	0	08 23 2010
City	State	Zip Code	Transaction ID: SA11AI.5417
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		405.00
Name of Employer Capella Healthcare Company	Occupatio VP & Op	n erations CFO	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Jim Wiseman			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive		08 23 7 2010
City	State	Zip Code	Transaction ID: SA11AI.5418
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Capella Healthcare	Occupatio VP of Ta		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	800.00	
			945.00

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PAGE 18/22 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Lori Wooten Mailing Address 501 Corporate Centre Drive 08 23 2010 Suite 200 City State Zip Code Transaction ID: SA11AI.5419 **Brentwood** TN 37027 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Capella Healthcare Occupation VP/Financial Ops Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Lee Yuill Date of Receipt Mailing Address 501 Corporate Centre Drive 8 0 23 2010 Suite 200 City State Zip Code Transaction ID: SA11AI.5420 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing C 210.00 federal political committee. Name of Employer Capella Healthcare Occupation VP of Internal Audit Receipt For: Aggregate Year-to-Date ▼ Primary General

700.00

		510.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		9728.11

Other (specify)

Image# 10931263193

State:

District:

0011EDIU = D /EE0	- 010													
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)				NE NUMBER: PAGE 19 / 22 only one)						2		
I I EIVIIZED DISBURS	DEIVIENTO	for each category of the Detailed Summary Page		X	21b 27		22 28a	23 28b		24 28c		25 29	_	26 30b
Any Information copied from su or for commercial purposes, oth														
NAME OF COMMITTEE (II CAPELLA HEALTHCAF	,	MENT AF	FAIRS COMMI	TTEE										
Full Name (Last, First, Midd KraftCPAs PLLC	le Initial)						Date o	action I	seme	ent			Υ	
Mailing Address 555 G Suite	reat Circle Road 200						0 8] [0 2	I. L	2	0 1 0		
City Nashville		State TN	Zip Code 37228				Amou	nt of Ead	h Di	sburse	men	t this P	eriod	d l
Purpose of Disbursement accounting fees											2	00.00		
Candidate Name					egory/ /pe									
Office Sought: Hou		ement For: Primary Other (spe	General ecify) ▼											

SUBTOTAL of Disbursements This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	—	200.00

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President

District: 04

age,, 10001200101		
SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 20 / 22
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 27	only one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVER	NMENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER Mailing Address 509 MADISON AVE SI	JITE 1902	Transaction ID: SB23.5457 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW YORK	State Zip Code NY 10022	Amount of Each Disbursement this Period
	Category/ Type	1000.00
X Senate President State: NY District: 00	X Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMI	ITEE	Transaction ID: SB23.5446 Date of Disbursement
Mailing Address PO Box 360		0 8 M / 2 0 / Y 2 0 1 0 Y
City Prescott	State Zip Code AR 71857	Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser		1000.00
Candidate Name MICHAEL AVERY ROSS	Category/ Type	
Office Sought: X House Disbut	rsement For: 2010	

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

Other (specify)

State: AR

SCHEDULE B (FEC Form 3X)	Use separate schedule	(e) I	NUMBER: PAGE 21 / 22
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e Check onl	22 23 24 25
Any Information copied from such Reports and Staten	nents may not be sold or u	sed by any person	for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	MENT AFFAIRS SOM		
CAPELLA HEALTHCARE, INC. GOVERN	MENT AFFAIRS COM	MIIIEE	
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.5454
Dr. Robert Bentley for Governor			Date of Disbursement
Mailing Address 1439 McFarland Blvd Ea Suite C	st		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 1 \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} y & y & y & y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Tuscaloosa	State Zip Code AL 35404		Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution			1000.00
Candidate Name Dr. Robert Bentley		Category/ Type	
	ement For: 2010	Туре	
Senate President	Primary X Genera	al	
State: AL District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.5441
Friends of Drama Breland			Date of Disbursement
Mailing Address 810 P Island Way			08 02 7 2010
City Decatur	State Zip Code AL 35601		Amount of Each Disbursement this Perio
Purpose of Disbursement			500.00
Candidate Name Drama Breland		Category/ Type	
	ement For: 2010	7.	
Senate President	Primary X General Other (specify)	al	
State: AL District: 08	g e aner (epeemy) V		
Full Name (Last, First, Middle Initial) Gene Shelby Campaign Committee			Transaction ID: SB29.5451 Date of Disbursement
Mailing Address 137 Circle Drive			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 2 & 0 \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Hot Springs	State Zip Code AR 71901		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution	7		500.00
Candidate Name Gene Shelby		Category/	
· ·	ement For: 2010	Туре	
Senate	Primary X Genera	al	
State: AR District: 25	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			2000.00

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District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNI	MENT AFFAIRS COMMIT	TEE	
Full Name (Last, First, Middle Initial) Rep. Micky Hammon Campaign Comm.			Transaction ID: SB29.5448 Date of Disbursement
Mailing Address 11 South Union Street			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 0 & 2 & 0 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code AL 36130		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			500.00
Candidate Name Micky Hammon		Category/ Type	
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)		
State: AL District: 04			
Full Name (Last, First, Middle Initial) Washington Hospital PAC			Transaction ID: SB29.5445 Date of Disbursement
Mailing Address 300 Elliott Avenue West Suite 300			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & D \\ 0 & 2 & D \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 0 \end{bmatrix}$
	State Zip Code WA 98119		Amount of Each Disbursement this Period
Purpose of Disbursement PAC to PAC contribution			1000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	3500.00

State: