

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2010 through 08 31 2010

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 09 14 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		25601.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	19962.05									
(c) Total Receipts (from Line 19)	9873.11	35351.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29835.16	60952.66								
7. Total Disbursements (from Line 31)	5700.00	36817.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24135.16	24135.16								
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

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9873.11	35351.47
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))	9873.11	35351.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9873.11	35351.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	200.00	1392.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	200.00	1392.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	25300.00
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	125.00
(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	125.00
29. Other Disbursements.....	3500.00	10000.00
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))..	5700.00	36817.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5700.00	36817.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	9873.11	35351.47
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9873.11	35226.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	200.00	1392.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	200.00	1392.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) J. Thomas Anderson		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y 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 President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

B.	Full Name (Last, First, Middle Initial) Bruce Baldwin		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y 08 / 23 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5422
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		420.00	
Name of Employer Capella Healthcare		Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

C.	Full Name (Last, First, Middle Initial) Phil Bandy		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y 08 / 23 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5421
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		131.25	
Name of Employer Capella Healthcare		Occupation Hospital CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.50		

SUBTOTAL of Receipts This Page (optional)	▶	1301.25
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 / 22
(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) Steven R. Brumfield</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 Health, Inc. Vice President/Assistant PAC Treasurer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 910.00</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: SA11AI.5402</p> <p>Amount of Each Receipt this Period 273.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Michelle Carpenter</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 Director Patient Accounting</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 262.50</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: SA11AI.5403</p> <p>Amount of Each Receipt this Period 82.50</p>
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<p>C. 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 ▼ 772.80</p>	<p>Date of Receipt 08 / 23 / 2010</p> <p>Transaction ID: SA11AI.5404</p> <p>Amount of Each Receipt this Period 231.84</p>
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SUBTOTAL of Receipts This Page (optional)	587.34
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 / 22
(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) Beverly Craig		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5405
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Patricia Crumpton		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5437
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Janice Darnaby		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre, Ste 200		Transaction ID: SA11AI.5426
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 142.98
Name of Employer Capella Healthcare Company	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 476.60	

SUBTOTAL of Receipts This Page (optional)	442.98
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 9 / 22
(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)
 Patricia Dolan

Mailing Address 501 Corporate Center Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5434
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
 Patty Doles

Mailing Address 501 Corporate Centre Dr
 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 CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 637.47

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5424
 Amount of Each Receipt this Period 141.66

C. Full Name (Last, First, Middle Initial)
 Eugene A. (Tony) Fay

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, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5406
 Amount of Each Receipt this Period 255.00

SUBTOTAL of Receipts This Page (optional) ► 496.66

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 / 22

(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)
Robert Hammond

Date of Receipt

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

Mailing Address 501 Corporate Centre Drive
Suite 200

Transaction ID: SA11AI.5407

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period

125.00

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

Name of Employer Capella Healthcare Occupation Division CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

B.

Full Name (Last, First, Middle Initial)
Kirk Hanson

Date of Receipt

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

Mailing Address 501 Corporate Centre Drive
Suite 200

Transaction ID: SA11AI.5408

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period

75.00

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

Name of Employer Capella Healthcare Occupation Director and CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

C.

Full Name (Last, First, Middle Initial)
Brian Hitchcock

Date of Receipt

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

Mailing Address 501 Corporate Centre Drive
Suite 200

Transaction ID: SA11AI.5409

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period

256.44

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

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

854.80

SUBTOTAL of Receipts This Page (optional) ►

456.44

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22
(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)
 Jerry Mabry
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5438
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Mike McCoy
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5435
 Amount of Each Receipt this Period 390.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

C. Full Name (Last, First, Middle Initial)
 Tim McGill
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5431
 Amount of Each Receipt this Period 375.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

SUBTOTAL of Receipts This Page (optional) ► **1065.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
John McLain

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.5427
 Amount of Each Receipt this Period: 400.00

B.

Full Name (Last, First, Middle Initial)
Mark Medley

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.5410
 Amount of Each Receipt this Period: 450.00

C.

Full Name (Last, First, Middle Initial)
Dirk Morgan

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.5411
 Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ► 1075.00

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 13 / 22
(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) Elisa Moylan		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5425
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Butch Naylor		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5429
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5440
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	405.00
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 14 / 22
(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)
 Christina Patterson
 Mailing Address 501 Corporate Center Dr Ste 200
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.5428
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company Hospital CFO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Lynn Peoples
 Mailing Address 501 Corporate Center Dr Ste 200
 City State Zip Code
 Brentwood TN 37027
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.5423
 Amount of Each Receipt this Period
 168.75
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CNO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 281.25

C. Full Name (Last, First, Middle Initial)
 Mitzi Pouncy
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.5433
 Amount of Each Receipt this Period
 75.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CNO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **393.75**
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 15 / 22
(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)
Charles Self

Mailing Address 501 Corporate Centre Drive Suite 2

City State Zip Code
Brentwood TN 37067

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

Name of Employer
Capella Healthcare

Occupation
VP/Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.75

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11AI.5412

Amount of Each Receipt this Period
281.25

B.

Full Name (Last, First, Middle Initial)
Dan Slipkovich

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
Capella Healthcare Company

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11AI.5413

Amount of Each Receipt this Period
750.00

C.

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

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
Capella Healthcare

Occupation
Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1958.30

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: SA11AI.5414

Amount of Each Receipt this Period
587.49

SUBTOTAL of Receipts This Page (optional) ► **1618.74**

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 16 / 22

(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) Warren Smith		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5415		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 105.75	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capella Healthcare		Occupation Hospital Finance Officer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.50		

B.	Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5439		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capella Healthcare		Occupation Hospital CEO		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 201		Transaction ID: SA11AI.5436		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 175.20	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capella Healthcare		Occupation Hospital CFO		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 584.00		

SUBTOTAL of Receipts This Page (optional)

430.95

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 17 / 22
(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

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 ▼ 750.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5416
Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Robert Wampler

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5417
Amount of Each Receipt this Period 405.00

C.

Full Name (Last, First, Middle Initial)
Jim Wiseman

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation VP of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 23 / 2010
Transaction ID: SA11AI.5418
Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional) ► 945.00

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 18 / 22
	(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) Lori Wooten		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5419
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Capella Healthcare	Occupation VP/Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5420
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

**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 19 / 22

<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.5444 Date of Disbursement																					
	Mailing Address 555 Great Circle Road Suite 200			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	8	/	0	2	/	2	0	1	0																
	City Nashville	State TN	Zip Code 37228	Amount of Each Disbursement this Period																					
	Purpose of Disbursement accounting fees			<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>			200.00																		
200.00																									
	Candidate Name																								
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State:	District:																							

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

**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 20 / 22

<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 SCHUMER

Transaction ID: SB23.5457
Date of Disbursement

Mailing Address 509 MADISON AVE SUITE 1902

/ /

City State Zip Code
NEW YORK NY 10022

Amount of Each Disbursement this Period

Purpose of Disbursement
contribution

Candidate Name
CHARLES E SCHUMER

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
MIKE ROSS FOR CONGRESS COMMITTEE

Transaction ID: SB23.5446
Date of Disbursement

Mailing Address PO Box 360

/ /

City State Zip Code
Prescott AR 71857

Amount of Each Disbursement this Period

Purpose of Disbursement
fundraiser

Candidate Name
MICHAEL AVERY ROSS

Office Sought: House
 Senate
 President
State: AR District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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)

<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) Dr. Robert Bentley for Governor	Transaction ID: SB29.5454 Date of Disbursement 08 / 31 / 2010
	Mailing Address 1439 McFarland Blvd East Suite C	Amount of Each Disbursement this Period 1000.00
	City Tuscaloosa State AL Zip Code 35404	
	Purpose of Disbursement campaign contribution	
	Candidate Name Dr. Robert Bentley	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District:	

B.	Full Name (Last, First, Middle Initial) Friends of Drama Breland	Transaction ID: SB29.5441 Date of Disbursement 08 / 02 / 2010
	Mailing Address 810 P Island Way	Amount of Each Disbursement this Period 500.00
	City Decatur State AL Zip Code 35601	
	Purpose of Disbursement	
	Candidate Name Drama Breland	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District: 08	

C.	Full Name (Last, First, Middle Initial) Gene Shelby Campaign Committee	Transaction ID: SB29.5451 Date of Disbursement 08 / 20 / 2010
	Mailing Address 137 Circle Drive	Amount of Each Disbursement this Period 500.00
	City Hot Springs State AR Zip Code 71901	
	Purpose of Disbursement contribution	
	Candidate Name Gene Shelby	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AR District: 25	

SUBTOTAL of Disbursements This Page (optional)	2000.00
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)

PAGE 22 / 22

<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)
Rep. Micky Hammon Campaign Comm.

Mailing Address 11 South Union Street

City State Zip Code
Montgomery AL 36130

Purpose of Disbursement
contribution

Candidate Name
Micky Hammon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 04

Transaction ID: SB29.5448

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Washington Hospital PAC

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
Seattle WA 98119

Purpose of Disbursement
PAC to PAC contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5445

Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

3500.00