10/19/2010 14:32

Image# 10931577227

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For C	ther Than An	Authorized Con	nmittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)		EC MAILING LAB	EL Example:If over the lin	typing, type		
CAPELLA HEALTHC			AIRS COMMITTEE			
ADDRESS (number and stre	eet) 501	CORPORATE CE	ENTRE DRIVE STE	200		
Check if different than previously reported. (ACC)		ANKLIN			LTN L	37067
2. FEC IDENTIFICATIO	N NUMBER	<b>~</b>	CITY A		STATE	ZIPCODE 🛕
C00421420		;	3. IS THIS X	NEW (N) OR	AMEND (A)	DED
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports  April 15 Quarterly Re  July 15 Quarterly Re  October 15 Quarterly Re  January 31 Quarterly Re  July 31 Mid- Report(Non- Year Only) ( Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(d) 30-Day Post -Electi Report for th	n Converse C	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  ry (12P)  xention (12C)  0 2  al (30G)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12S) 2 0 1 0	Year Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	10	01 2010	) thr	ough 10	13 20	10
I certify that I have examine Type or Print Name of Trea Signature of Treasurer		ugene A. (Tony) Fa			and complete.	18 2010
NOTE : Submission of fals	e, erroneous, o	or incomplete inform	nation may subject th	e person signing thi	is Report to the pena	ulties of 2 U.S.C 437g.
Office Use					F	EC FORM 3X (Rev. 12/2004)

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/21

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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

D D 10 0 1 2010 10 13 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 20935.16 Begining of Reporting Period ..... 7694.14 43045.61 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 28629.30 68646.80 6(a) and 6(c) for Column B) ..... 9240.00 49257.50 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 19389.30 19389.30 (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) .....

### For further information contact:

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

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

FE6AN026

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 21

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

м м 1 0 0 1 м°м 10 1 3 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7154.14 38348.77 (i) Itemized (use Schedule A) ...... 540.00 4696.84 (ii) Unitemized ..... (iii) TOTAL (add 7694.14 43045.61 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 43045.61 7694.14 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d),

7694.14

7694.14

43045.61

43045.61

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)) ......

(subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 21

	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		
	Expenditures	240.00	1832.50
	(c) Total Operating Expenditures	242.00	1000 50
_	(add 21(a)(i), (a)(ii) and (b))	240.00	1832.50
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees  Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	9000.00	35300.00
4.	Independent Expenditure	0000.00	30000.00
	(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
_		0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
О.	(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	0.00	12000.00
_	5 1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 cacia chare		
	(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	2.22
	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))	9240.00	49257.50
	_		
	Total Federal Disbursements		
32.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	9240.00	49257.50

### **DETAILED SUMMARY PAGE**

of Disbursements

5 / 21

	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)	7694.14	43045.61
34.	Total Contribution Refunds (from Line 28(d))	0.00	125.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7694.14	42920.61
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	240.00	1832.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	240.00	1832.50

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 / 21 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GOVE	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) J. Thomas Anderson  Mailing Address 501 Corporate Centre Suite 200  City Brentwood  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare	Drive State TN C Occupation President		Date of Receipt  10 07 2010  Transaction ID: SA11AI.5479  Amount of Each Receipt this Period  500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Bruce Baldwin  Mailing Address 501 Corporate Centre Suite 200  City  Brentwood  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify)	State TN C Occupation Hospital		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Phil Bandy  Mailing Address 501 Corporate Centre Suite 200  City Franklin  FEC ID number of contributing	State TN	Zip Code 37067	Date of Receipt  M M M O O O O O O O O O O O O O O O O
federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify)	Occupatior Hospital ( Aggregate		43.75
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	823.75

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/21 (check only one)  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 NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GOVE	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) John Bradford  Mailing Address 501 Corporate Centre  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	State TN C Occupation Legal Op	Zip Code 37067  on os Director e Year-to-Date ▼ 280.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Steven R. Brumfield  Mailing Address 501 Corporate Centre Suite 200  City  Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Health, Inc.  Receipt For:  Primary General Other (specify)	State TN C Occupation Vice Pre	Zip Code 37067	Date of Receipt  M M / D D / Y 2 0 1 0  Transaction ID: SA11Al.5481  Amount of Each Receipt this Period  182.00
_ C.	Full Name (Last, First, Middle Initial) Michelle Carpenter  Mailing Address 501 Corporate Centre Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify)	State TN C Occupation Director	Zip Code 37067  on Patient Accounting e Year-to-Date ▼ 317.50	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	317.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 21 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GO	the name and add	dress of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Ray Coffey  Mailing Address 501 Corporate Centre Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	state TN C Occupation VP & Go	Zip Code 37067	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Beverly Craig  Mailing Address 501 Corporate Centric Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	State TN C Occupation VP & Qu	Zip Code 37067  n ality Management e Year-to-Date ▼ 900.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.5484  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Patricia Crumpton  Mailing Address 501 Corporate Central Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify)	State TN  C  Occupation Hospital		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	)		354.56

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than  NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any pe ising the name and address of any political committee GOVERNMENT AFFAIRS COMMITTEE	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Janice Darnaby Mailing Address 501 Corporate	Centre, Ste 200	Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5503  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	47.66
Name of Employer Capella Healthcare Company  Receipt For:  Primary  General  Other (specify) ▼	Hospital CNO  Aggregate Year-to-Date ▼  524.26	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay  Mailing Address 501 Corporate Suite 200	Centre 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.5485
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  170.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name (Last, First, Middle Initial) Kirk Hanson		Date of Receipt
Mailing Address 501 Corporate Suite 200	Centre Drive	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Capella Healthcare	Occupation Director and CIO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (or	tional)	267.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 21 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GOV	Statements may not be sold or used by any persone name and address of any political committee to /ERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Hitchcock  Mailing Address 501 Corporate Centre Suite 200  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare	State Zip Code TN 37067  C  Occupation VP & Materials Management	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.76	
Full Name (Last, First, Middle Initial) Steve Hyde Mailing Address 501 Corporate Centre	e 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.5531
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  500.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200	e 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: SA11Al.5511
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		870.96
TOTAL This Period (last page this line number	er only)	

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	VERNMENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial)  Mike McCoy  Mailing Address 501 Corporate Centum		Date of Receipt
Suite 200 City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5508  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Hospital CEO  Aggregate Year-to-Date   1560.00	
Full Name (Last, First, Middle Initial)  Tim McGill  Mailing Address 501 Corporate Centul Suite 200	e 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.5506
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt
Mailing Address 501 Corporate Centri Suite 200	e Drive	1 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5488  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
SUBTOTAL of Receipts This Page (optional)		810.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting co or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions. NAME OF COMMITTEE  Full Name (Last, First, Middle Initial) Dirk Morgan  Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin  Name of Employer Capella Healthcare  Name of Employer Capella Healthcare  Primary General Other (specify) ▼  Fig. ID number of contributing federal political committee.  B. Elisa Moylan  Mailing Address 501 Corporate Centre Drive Suite 200  City  State Zip Code Transaction ID: SA11Al  Amount of Each Receipt to 10 and	Detailed Suffilliary Fage	12 16 $\square$
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 Primary General Other (specify) ▼ General Other (specify) ▼ General TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare Primary General Other (specify) ▼ Transaction ID: SA11Al Amount of Each Receipt to Transacti	nts may not be sold or used by any person for the purpose of soliciting contribution and address of any political committee to solicit contributions from such committee.	tions
Franklin  TN 37067  Amount of Each Receipt the FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Bisa Moylan  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Tranklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Butch Naylor  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Tranklin  Franklin TN 37067  Full Name (Last, First, Middle Initial)  Butch Naylor  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Tranklin  TN 37067  Full Name (Last, First, Middle Initial)  Butch Naylor  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Tranklin  TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Name of Employer Capella Healthcare  Receipt For:  Name of Employer Capella Healthcare  Occupation  Hospital CEO  Receipt For:  Aggregate Year-to-Date ▼  Occupation  Hospital CEO  Receipt For:  Aggregate Year-to-Date ▼  Amount of Each Receipt the Amou	10 / 07 / 20	0 1 0
Receipt For:     Primary	N 37067 Amount of Each Receipt this Period	
Bisa Moylan  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Transaction ID: SA11Al  Franklin TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare Hospital CNO  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Butch Naylor  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Transaction ID: SA11Al  Franklin TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Primary General TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare Hospital CEO  Receipt For: Primary General Aggregate Year-to-Date ▼	rision CFO gregate Year-to-Date ▼	
Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Name of Employer Capella Healthcare  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Butch Naylor  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Transaction ID: SA11Al Franklin  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Name of Employer Capella Healthcare  Receipt For:  Primary General  Occupation Hospital CEO  Aggregate Year-to-Date ▼  Amount of Each Receipt to Transaction ID: SA11Al Amount of Each Rec	10 D D Y Y Y 20	0 1 0
Capella Healthcare  Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Butch Naylor  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  Receipt For:  Primary  General  Hospital CNO  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI  Amount of Each Receipt the Cocupation Hospital CEO  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	N 37067 Amount of Each Receipt this Period	
Butch Naylor  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  Receipt For: Primary General  Date of Receipt  Transaction ID: SA11AI  Amount of Each Receipt the Committee.	spital CNO gregate Year-to-Date ▼	
Suite 200  City State Zip Code Franklin TN 37067  Transaction ID: SA11AI Amount of Each Receipt the C  Name of Employer Capella Healthcare Receipt For: Primary General  Aggregate Year-to-Date  1 0 0 7  Transaction ID: SA11AI  Amount of Each Receipt the C  Aggregate Year-to-Date ▼	M ' M   / D ' D   / Y ' Y ' Y	
Receipt For:  Primary  General  Aggregate Year-to-Date  300.00	tate Zip Code Transaction ID: SA11AI.5505  N 37067 Amount of Each Receipt this Period	
Other (specify) ▼	spital CEO gregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	320	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 21 (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
Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Cent			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin  FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5513  Amount of Each Receipt this Period  100.00
Name of Employer Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupatio Hospital Aggregate		
Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Cen	ter Dr Ste 200		Date of Receipt
City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.5504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Capella Healthcare Company  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Hospital Aggregate		
Full Name (Last, First, Middle Initial) Lynn Peoples			Date of Receipt
Mailing Address 501 Corporate Cen			10 07 2010
City Brentwood	State TN	Zip Code 37027	Transaction ID: SA11AI.5501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		112.50
Name of Employer Capella Healthcare	Occupatio Hospital	CNO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 393.75	
SUBTOTAL of Receipts This Page (optional			312.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 21 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee t	
Full Name (Last, First, Middle Initial)  Mitzi Pouncy	OVERNMENT AFFAIRS COMMITTEE	Date of Receipt
Mailing Address 501 Corporate Cer	State Zip Code	1 0 0 7 2 0 1 0 Transaction ID: SA11AI.5507
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  50.00
Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify) ▼	Occupation Hospital CNO  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Carolyn Schneider Mailing Address 501 Corporate Cer	nter Dr, Ste 200	Date of Receipt
City	State Zip Code	1 0 0 7 2 0 1 0 Transaction ID: SA11AI.5533
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 500.00
Name of Employer Capella Healthcare Company	Occupation VP of Human Resources	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Charles Self		Date of Receipt
Mailing Address 501 Corporate Cer	ntre Drive Suite 2	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brentwood	State Zip Code TN 37067	Transaction ID: SA11AI.5490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer Capella Healthcare	Occupation VP/Risk Mgmt	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 656.25	
SUBTOTAL of Receipts This Page (option	al)	737.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 21 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. G	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dan Slipkovich Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt
Suite 200 City	State	Zip Code	1 0 0 7 2 0 1 0 Transaction ID: SA11AI.5491
Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 500.00
Name of Employer Capella Healthcare Company	<del>- + -</del>	ecutive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) D. Andrew Slusser  Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt
Suite 200		7. 0.1.	10 07 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,007	391.66
Name of Employer Capella Healthcare	Occupation Senior V	n P & Development Officer	
Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 2349.96	
Full Name (Last, First, Middle Initial) Warren Smith	l		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200			10 07 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5493  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.007	70.50
Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.00	
SUBTOTAL of Receipts This Page (option	al)		962.16

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 21 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			n for the purpose of soliciting contributions solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GO  Full Name (Last, First, Middle Initial)	VERNMENT A	FFAIRS COMMITTEE	
Joel Taylor  Mailing Address 501 Corporate Cent	ro Drivo		Date of Receipt
Suite 200	State	Zip Code	1 0 0 7 2 0 1 0 Transaction ID: SA11AI.5512
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.001	50.00
Name of Employer Capella Healthcare	Occupatio Hospital		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
Mailing Address 501 Corporate Cent Suite 201	re 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.5509
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.80
Name of Employer Capella Healthcare	Occupatio Hospital		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.80	
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re 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.5494
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Capella Healthcare	Occupatio Senior V	n P & General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optional	l)		366.80

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

SCHEDULE A (FEC Form	for ea	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 17 / 21 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC.	using the name and address of	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	Centre Drive, Ste 20		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin FEC ID number of contributing		Code 067	Transaction ID: SA11AI.5495  Amount of Each Receipt this Period  270.00
Receipt For:  Primary  Other (specify) ▼	Occupation VP & Operation: Aggregate Year-to		
Full Name (Last, First, Middle Initial) Michael Wiechart Mailing Address 501 Corporate			Date of Receipt  1 0 0 7 2 0 1 0
City	State Zip	Code	Transaction ID: SA11AI.5514
Franklin	TN 370	067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		241.25
Name of Employer Capella Healthcare	Occupation COO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	Date ▼ 241.25	
Full Name (Last, First, Middle Initial) Jim Wiseman	-		Date of Receipt
Mailing Address 501 Corporate Suite 200	Centre Drive		M M / D D / Y Y Y Y Y 1 1 0 0 7 2 0 1 0
City Franklin		Code	Transaction ID: SA11AI.5496
FEC ID number of contributing federal political committee.	C	067	Amount of Each Receipt this Period  160.00
Name of Employer Capella Healthcare	Occupation VP of Tax		1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	Date ▼ 960.00	
SUBTOTAL of Receipts This Page (o	otional)		671.25

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PAGE 18/21 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 10 07 2010 Suite 200 City State Zip Code Transaction ID: SA11AI.5497 **Brentwood** TN 37027 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer Capella Healthcare Occupation VP/Financial Ops Receipt For: Aggregate Year-to-Date Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) Lee Yuill Date of Receipt Mailing Address 501 Corporate Centre Drive 07 2010 Suite 200 City Transaction ID: SA11AI.5498 State Zip Code Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer Capella Healthcare Occupation VP of Internal Audit Receipt For: Aggregate Year-to-Date ▼ Primary General

		040.00
SUBTOTAL of Receipts This Page (optional)	•	340.00
TOTAL This Period (last page this line number only)	<b>•</b>	7154.14

840.00

Other (specify)

State:

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District:

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		•			arate schedule(s)	\ I '	FOR LINE NUMBER: (check only one)			ER: PAGE 19/21								
IT	EMIZED DIS	BURSEMEN	ITS		category of the Summary Page		X	21b 27		22 28a	П	23 28b	Н	24 28c		25 29	Н	26 30b
	y Information copied for commercial purp			•		•					•			_				
$\rangle$	NAME OF COMMI CAPELLA HEAL	TTEE (In Full) .THCARE, INC. (	GOVERNI	ΛΕΝΤ AFI	FAIRS COMM	ITTEE	Ξ.											
	Full Name (Last, Fi KraftCPAs PLLC									Trans Date o	of Di					74 0 1 0	Υ	
	Mailing Address	555 Great Circ Suite 200	le Road							1 0		L	1	L	2	010	_	
	City Nashville			State TN	Zip Code 37228					Amou	nt of	Each	n Dis	burser	nen	t this F	erio	d
	Purpose of Disburs accounting fees	sement													2	40.00		
	Candidate Name					Cat T	ego	•										
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼													

SUBTOTAL of Disbursements This Page (optional)	•	240.00
TOTAL This Period (last page this line number only)	<u> </u>	240.00

ITEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page    21	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	, FOR LINE	
NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  Pull Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012  Mailing Address PO BOX 848  City CHATTANOGA State Zip Code TN 37401  Purpose of Disbursement campaign  Candidate Name ROBERT P JR CORKER  Office Sought: Senate President  State: TN District: 00  Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address PO BOX 311  City Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address PO BOX 311  City Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address PO BOX 311  City Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) City State Zip Code Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) City State Zip Code TN 37347  Purpose of Disbursement Campaign Candidate Name DENNIS HECK Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) City State Zip Code TN 37347  Purpose of Disbursement Campaign Candidate Name DENNIS HECK Office Sought: X House President State: WA District: 03  Senate President State Zip Code TN 37347  Amount of Each Disbursement No 2 2010  Category' Type  Office Sought: X House President State: TN District: 04	TEMIZED DISBURSEMENTS	for each category of the	cneck only	22 X 23 24 25
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE  Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012  Mailing Address PO BOX 848  City CHATTANOOGA TN 37401  Purpose of Disbursement campaign Candidate Name DENNY HECK FOR CONGRESS  Mailing Address PO Box 235  City CHORER FOR Senate President State: TN District: 03  Full Name (Last, First, Middle Initial) DENY HECK FOR CONGRESS  Mailing Address PO Box 235  City Candidate Name DENNIS HECK  Office Sought: X House President State: WA District: 03  Full Name (Last, First, Middle Initial) DENY HECK FOR CONGRESS  Mailing Address PO Box 311  City Senate President State: WA District: 03  Full Name (Last, First, Middle Initial) DENY Bread Name DENY HECK FOR CONGRESS  Mailing Address PO BOX 311  City JASPER TN 37347  Purpose of Disbursement Candidate Name DENY Bread Name DENY Bre				
BOB CORKER FOR SENATE 2012  Mailing Address PO BOX 848  City CHATTANOOGA State TN 37401  Purpose of Disbursement campaign Candidate Name President State: TN District: 00  Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address PO Box 235  City Olympia WA 98507  Purpose of Disbursement campaign Candidate Name Poperation Cardidate Name Candidate Name District: 03  Full Name (Last, First, Middle Initial) DENNIS HECK  Office Sought:  Whouse Senate Primary Candidate Name District: 03  Full Name (Last, First, Middle Initial) President State: WA District: 03  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City City City City City City City Cit	NAME OF COMMITTEE (In Full)			
City CHATTANOOGA CHATTANOOGA CHATTANOOGA CHATTANOOGA CHATTANOOGA CHATTANOOGA CHATTANOOGA TN 37401  Amount of Each Disbursement this Period Category Type  Category Type  Office Sought: Very Senate President State: TN District: 00  Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address Mailing Address Mailing Address PO Box 235  City Olympia State Candidate Name DENNIS HECK Office Sought: Very Senate Primary DENNIS HECK Office Sought: Very Senate Primary Candidate Name DENNIS HECK Office Sought: State: WA District: 03  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address Mailing Address Mailing Address PO BOX 311  City JASPER TN 37347  Transaction ID: SB23.5472 Date of Disbursement this Period Disbursemen	,			
CHATTANOOGA  Purpose of Disbursement campaign  Candidate Name ROBERT P JR CORKER  Office Sought:    House   President   Premary   X General   Premary   President   Premary   X General   Premary   President   Premary   X General   Premary   Prema	Mailing Address PO BOX 848			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & 0 & M \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} \   \end{bmatrix}$
Candidate Name ROBERT PJR CORKER  Office Sought:				Amount of Each Disbursement this Period
Office Sought:	campaign			2500.00
X   Senate   President   State: TN   District: 00   Transaction ID: SB23,5471   Date of Disbursement   Disbu	ROBERT P JR CORKER	ement For: 2012		
Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS  Mailing Address PO Box 235  City State Zip Code Olympia WA 98507  Purpose of Disbursement campaign Candidate Name DENNIS HECK  Office Sought: X House Senate President State: WA District: 03  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City JASPER TN 37347  Purpose of Disbursement campaign Candidate Name Category/ Type  Transaction ID: SB23.5471 Date of Disbursement this Peric  Category/ Type  Transaction ID: SB23.5472 Date of Disbursement  Transaction ID: SB23.5472 Date of Disbursem	X Senate X President	Primary General		
City Olympia State Zip Code WA 98507  Purpose of Disbursement campaign  Candidate Name DENNIS HECK  Office Sought: X House President President State: WA District: 03  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City JASPER TN 37347  Purpose of Disbursement campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Primary X General Disbursement this Period Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Primary X General Disbursement Campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Primary X General Disbursement For: 2010 Primary X General Disbursem	Full Name (Last, First, Middle Initial)			
Olympia WA 98507  Purpose of Disbursement campaign Candidate Name DENNIS HECK  Office Sought: X House Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City JASPER State Zip Code TN 37347  Purpose of Disbursement campaign Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Senate Primary X General Other (specify) ▼  Amount of Each Disbursement this Perical Scott Eugenry Type  Office Sought: X House Senate Primary X General Other (specify) ▼  State: TN District: 04	Mailing Address PO Box 235			$\begin{bmatrix}\begin{smallmatrix}M&O&M\\1^M&O\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&D&D\\0&8\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2^M&1^M&O\end{smallmatrix}\end{bmatrix}^Y$
Candidate Name DENNIS HECK  Office Sought:				Amount of Each Disbursement this Period
DENNIS HECK  Office Sought:	campaign			500.00
Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City State Zip Code JASPER TN 37347  Purpose of Disbursement campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Senate Primary X General Other (specify) ▼  State: TN District: 04  Primary X General Other (specify) ▼  Transaction ID: SB23.5472  Date of Disbursement  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
FRIENDS OF SCOTT DESJARLAIS  Mailing Address PO BOX 311  City State Zip Code JASPER TN 37347  Purpose of Disbursement campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Senate Primary X General President State: TN District: 04  FEEDO 00	Senate President	Primary X General		
City State Zip Code TN 37347  Purpose of Disbursement campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought: X House Primary X General Other (specify) ▼  State: TN District: 04  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼				Date of Disbursement
JASPER  TN 37347  Purpose of Disbursement campaign  Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought:  X House Primary Senate President President State: TN  District: 04  TN  37347  2500.00	Mailing Address PO BOX 311			
Candidate Name Candidate Name SCOTT EUGENE DESJARLAIS  Office Sought:				Amount of Each Disbursement this Perio
SCOTT EUGENE DESJARLAIS  Office Sought:	campaign		Catogory	2500.00
Senate Primary X General President Other (specify) ▼  State: TN District: 04	SCOTT EUGENE DESJARLAIS			
5500.00	Senate President	Primary X General		
SUBTOTAL of Disbursements This Page (optional)	State: TN District: 04			
	<b>SUBTOTAL</b> of Disbursements This Page (optional)		<u> </u>	5500.00

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District: 05

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21	/ 21
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)         21b       22       X       23       24       25         27       28a       28b       28c       29	26 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 COMMITTE	Ε	
Full Name (Last, First, Middle Initial)		Transaction ID: SB23.5473	
LINCOLN DAVIS FOR CONGRESS		Date of Disbursement	· V
Mailing Address PO Box 350		1 0 M / D 0 B / Y 2 0 1	0 1
City Jamestown	State Zip Code TN 38556	Amount of Each Disbursement this	Period
Purpose of Disbursement	30330	2500.0	00
campaign			
Candidate Name LINCOLN EDWARD DAVIS	I	ategory/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		
State: TN District: 04			
Full Name (Last, First, Middle Initial) MOBROOKSFORCONGRESS.COM		<b>Transaction ID:</b> SB23.5475 Date of Disbursement	
Mailing Address 7610 FOXFIRE DRIVE		10 M / D 1 3 / Y 2 0 1	0 ~
	State Zip Code AL 35802	Amount of Each Disbursement this	1 1
Purpose of Disbursement campaign		1000.0	00
Candidate Name MO BROOKS		ategory/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		

<b> </b>		3500.00
SUBTOTAL of Disbursements This Page (optional)		3300.00
TOTAL This Period (last page this line number only)	•	9000.00

State: AL