

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of TN  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 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 10 18 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.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

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 .....	20935.16									
(c) Total Receipts (from Line 19) .....	7694.14	43045.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28629.30	68646.80								
7. Total Disbursements (from Line 31) .....	9240.00	49257.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19389.30	19389.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

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) .....	7154.14	38348.77
(ii) Unitemized .....	540.00	4696.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7694.14	43045.61
(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) .....	7694.14	43045.61
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)) .....	7694.14	43045.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7694.14	43045.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	240.00	1832.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	240.00	1832.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	35300.00
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.....	0.00	12000.00
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))..	9240.00	49257.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9240.00	49257.50

**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) .....	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

# 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)

<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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Brentwood TN 37067

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

Name of Employer Occupation  
Capella Healthcare President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5479

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce Baldwin

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5500

Amount of Each Receipt this Period  
280.00

**C.** Full Name (Last, First, Middle Initial)  
Phil Bandy

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 481.25

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5499

Amount of Each Receipt this Period  
43.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **823.75**

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 21
	<input checked="" 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**

<b>A.</b>	Full Name (Last, First, Middle Initial) John Bradford	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 501 Corporate Centre Drive	<b>Transaction ID:</b> SA11AI.5480
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capella Healthcare	Occupation Legal Ops Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5481
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 182.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michelle Carpenter	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5482
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capella Healthcare	Occupation Director Patient Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>317.00</b>
<b>TOTAL</b> 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 / 21

(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)  
S. Ray Coffey

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare VP & Government Programs

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 927.36

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5483

Amount of Each Receipt this Period

154.56

**B.**

Full Name (Last, First, Middle Initial)  
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**

Name of Employer Occupation  
Capella Healthcare VP & Quality Management

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5484

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
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. **C**

Name of Employer Occupation  
Capella Healthcare Hospital CNO

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5510

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

354.56

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Darnaby	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 501 Corporate Centre, Ste 200	<b>Transaction ID:</b> SA11AI.5503
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 47.66
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 524.26	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5485
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 170.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kirk Hanson	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5486
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capella Healthcare	Occupation Director and CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>267.66</b>
<b>TOTAL</b> 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 / 21  
(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) Brian Hitchcock		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5487
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 170.96
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.76	

**B.**

Full Name (Last, First, Middle Initial) Steve Hyde		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive		<b>Transaction ID:</b> SA11AI.5531
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5511
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>870.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21  
(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) Mike McCoy		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5508
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
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 ▼ 1560.00	

**B.**

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5506
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
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 ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5488
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>810.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21  
(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) Dirk Morgan		Date of Receipt MM / DD / YYYY 10 / 07 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5489	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capella Healthcare	Occupation Division CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

**B.**

Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt MM / DD / YYYY 10 / 07 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5502	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 720.00		

**C.**

Full Name (Last, First, Middle Initial) Butch Naylor		Date of Receipt MM / DD / YYYY 10 / 07 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5505	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> 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 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2010  
**Transaction ID: SA11AI.5513**  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
 Christina Patterson

Mailing Address 501 Corporate Center 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 CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 07 / 2010  
**Transaction ID: SA11AI.5504**  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
 Lynn Peoples

Mailing Address 501 Corporate Center Dr Ste 200

City Brentwood State TN Zip Code 37027

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 ▼ 393.75

Date of Receipt 10 / 07 / 2010  
**Transaction ID: SA11AI.5501**  
 Amount of Each Receipt this Period 112.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **312.50**

**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 / 21

(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)  
Mitzi Pouncy

Mailing Address 501 Corporate Centre Drive

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5507

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn Schneider

Mailing Address 501 Corporate Center Dr, Ste 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company VP of Human Resources

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5533

Amount of Each Receipt this Period

500.00

**C.**

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 Occupation  
Capella Healthcare VP/Risk Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 656.25

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5490

Amount of Each Receipt this Period

187.50

**SUBTOTAL** of Receipts This Page (optional) .....

737.50

**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 / 21  
(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) Dan Slipkovich		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5491
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

**B.**

Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5492
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 391.66
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2349.96	

**C.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 10 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5493
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.50
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 ▼ 423.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	962.16
<b>TOTAL</b> 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 / 21  
(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)  
 Joel Taylor

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
 Franklin TN 37067

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

Name of Employer Occupation  
 Capella Healthcare Hospital CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5512

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
 Wendell Van Es

Mailing Address 501 Corporate Centre Drive  
 Suite 201

City State Zip Code  
 Franklin TN 37067

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

Name of Employer Occupation  
 Capella Healthcare Hospital CFO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.80

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5509

Amount of Each Receipt this Period  
 116.80

**C.** Full Name (Last, First, Middle Initial)  
 Howard Wall

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
 Franklin TN 37067

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

Name of Employer Occupation  
 Capella Healthcare Senior VP & General Counsel

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.5494

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **366.80**

**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 / 21

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Wampler		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive, Ste 20		<b>Transaction ID:</b> SA11AI.5495		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 270.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1620.00		
Name of Employer Capella Healthcare Company		Occupation VP & Operations CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Wiechart		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive		<b>Transaction ID:</b> SA11AI.5514		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 241.25	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 241.25		
Name of Employer Capella Healthcare		Occupation COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt MM / DD / YYYY 10 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5496		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 160.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 960.00		
Name of Employer Capella Healthcare		Occupation VP of Tax			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	671.25
<b>TOTAL</b> 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 / 21

(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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Occupation  
Capella Healthcare VP/Financial Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5497

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Lee Yuill

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare VP of Internal Audit

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5498

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

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

7154.14

**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 / 21

<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.5474  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		1	1		2	0	1	0

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

240.00
--------

Purpose of Disbursement  
accounting fees

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

240.00
--------

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

240.00
--------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement campaign

Candidate Name ROBERT P JR CORKER

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.5478

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
DENNY HECK FOR CONGRESS

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement campaign

Candidate Name DENNIS HECK

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: WA District: 03

Transaction ID: SB23.5471

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO BOX 311

City JASPER State TN Zip Code 37347

Purpose of Disbursement campaign

Candidate Name SCOTT EUGENE DESJARLAIS

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: TN District: 04

Transaction ID: SB23.5472

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

**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 21 / 21

<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)  
LINCOLN DAVIS FOR CONGRESS

Transaction ID: SB23.5473

Date of Disbursement

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

Mailing Address PO Box 350

Amount of Each Disbursement this Period

2500.00
---------

City State Zip Code  
Jamestown TN 38556

Purpose of Disbursement  
campaign

Category/ Type
-------------------

Candidate Name  
LINCOLN EDWARD DAVIS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 04

B.

Full Name (Last, First, Middle Initial)  
MOBROOKSFORCONGRESS.COM

Transaction ID: SB23.5475

Date of Disbursement

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

Mailing Address 7610 FOXFIRE DRIVE

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
HUNTSVILLE AL 35802

Purpose of Disbursement  
campaign

Category/ Type
-------------------

Candidate Name  
MO BROOKS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District: 05

SUBTOTAL of Disbursements This Page (optional) .....

3500.00
---------

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

9000.00
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