

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eugene A. (Tony) Fay

Signature of Treasurer Electronically Filed by Eugene A. (Tony) Fay Date 10 08 2008

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

Office Use Only									
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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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		19452.49
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	18241.63									
(c) Total Receipts (from Line 19) .....	5448.04	23902.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23689.67	43355.17								
7. Total Disbursements (from Line 31) .....	6325.00	25990.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17364.67	17364.67								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4378.58	20428.10
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1069.46	3474.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5448.04	23902.68
(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) .....	5448.04	23902.68
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)) .....	5448.04	23902.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5448.04	23902.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	300.00	1065.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	300.00	1065.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2525.00	20325.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3500.00	4600.00
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))..	6325.00	25990.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6325.00	25990.50

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5448.04	23902.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5448.04	23902.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	300.00	1065.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	300.00	1065.50

**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 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Thomas Anderson	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4505
	City State Zip Code Brentwood TN 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Thomas Anderson	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4506
	City State Zip Code Brentwood TN 37067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dan Aranda	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4531
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 115.62
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Capella Healthcare Company Occupation: Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 924.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>615.62</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: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dan Aranda	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4532
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 115.62
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Company Occupation Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4507
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 91.00
	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 ▼ 728.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 08 / 31 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4508
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 91.00
	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 ▼ 819.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>297.62</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: (check only one)	PAGE 8 / 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) Rick Charbonneau		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2008
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4533
Name of Employer Capella Healthcare Company		Occupation VP Managed Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	55.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Charbonneau		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 31 / 2008
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4534
Name of Employer Capella Healthcare Company		Occupation VP Managed Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 495.00	55.00

<b>C.</b>	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 23 / 2008
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4509
Name of Employer Capella Healthcare		Occupation VP & Government Programs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 618.24	77.28

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.28</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: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) S. Ray Coffey		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4510
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		77.28		
Name of Employer Capella Healthcare		Occupation VP & Government Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 695.52		

<b>B.</b>	Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4511
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		75.00		
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 ▼ 660.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4512
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		75.00		
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 ▼ 735.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	227.28
<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)  
 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)  
 Janice Darnaby  
 Mailing Address 501 Corporate Centre, Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 8  
**Transaction ID:** SA11AI.4537  
 Amount of Each Receipt this Period  
 47.66  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.30

**B.** Full Name (Last, First, Middle Initial)  
 Eugene A. (Tony) Fay  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4513  
 Amount of Each Receipt this Period  
 85.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare, Inc. Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 680.00

**C.** Full Name (Last, First, Middle Initial)  
 Eugene A. (Tony) Fay  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 8  
**Transaction ID:** SA11AI.4514  
 Amount of Each Receipt this Period  
 85.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare, Inc. Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 765.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 217.66  
**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 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) Brian Hitchcock		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4515
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.48
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 ▼ 683.84	

**B.**

Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4516
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.48
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 ▼ 769.32	

**C.**

Full Name (Last, First, Middle Initial) George Kruger		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4529
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 65.00
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>235.96</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 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) George Kruger		Date of Receipt MM / DD / YYYY 08 / 31 / 2008	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4530	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 65.00
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 ▼ 565.00		

**B.**

Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt MM / DD / YYYY 07 / 23 / 2008	
Mailing Address 501 Corporate Centre Dr Ste 200		<b>Transaction ID:</b> SA11AI.4542	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

**C.**

Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt MM / DD / YYYY 08 / 31 / 2008	
Mailing Address 501 Corporate Centre Dr Ste 200		<b>Transaction ID:</b> SA11AI.4543	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	265.00
<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)

<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

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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 31 / 2008

**Transaction ID:** SA11AI.4560

Amount of Each Receipt this Period 130.00

**B.**

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 ▼ 400.00

Date of Receipt 07 / 23 / 2008

**Transaction ID:** SA11AI.4538

Amount of Each Receipt this Period 100.00

**C.**

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 ▼ 500.00

Date of Receipt 08 / 31 / 2008

**Transaction ID:** SA11AI.4539

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 330.00

**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 / 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)  
Jon O'Shaunnesy

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 07 / 23 / 2008  
**Transaction ID: SA11AI.4527**  
 Amount of Each Receipt this Period 160.00

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 08 / 31 / 2008  
**Transaction ID: SA11AI.4528**  
 Amount of Each Receipt this Period 160.00

**C.** 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 ▼ 250.00

Date of Receipt 08 / 31 / 2008  
**Transaction ID: SA11AI.4541**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **370.00**

**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 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 07 / 23 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4517
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 Company	Occupation Chief Executive Officer	
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) Dan Slipkovich		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4518
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 Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4519
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 195.83
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 ▼ 1566.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	695.83
<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)

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

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

**A.**

Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4520
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 195.83
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 ▼ 1762.47	

**B.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4525
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.25
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 ▼ 282.00	

**C.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4526
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.25
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 ▼ 317.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>266.33</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 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

**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 ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2008

**Transaction ID:** SA11AI.4521

Amount of Each Receipt this Period  
200.00

**B.**

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 ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2008

**Transaction ID:** SA11AI.4522

Amount of Each Receipt this Period  
200.00

**C.**

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2008

**Transaction ID:** SA11AI.4523

Amount of Each Receipt this Period  
135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 535.00

**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 / 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"/> 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																					
	Mailing Address 501 Corporate Centre Drive, Ste 20		<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	0	8														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4524																				
Franklin	TN	37067	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	135.00																					
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) ▼		Aggregate Year-to-Date ▼ 675.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4378.58

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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.4499

Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

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

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
accounting fees

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

300.00
--------

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

300.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 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. COOPER FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address c/o Davidson Golden & Lundy P.C.  
P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
fundraiser

Candidate Name  
COOPER FOR CONGRESS COMMITTEE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TN District: 05

Transaction ID: SB23.4496

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

525.00

**B. SALAZAR FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 600

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
fundraiser

Candidate Name  
SALAZAR FOR SENATE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.4502

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

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

2525.00

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

2525.00

**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 21 / 21

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

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

A.

Full Name (Last, First, Middle Initial)  
Committee to Elect Sen. Steve Roller

Transaction ID: SB29.4493

Date of Disbursement

Mailing Address 111 West Court Square  
Suite 1

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

City McMinnville State TN Zip Code 37110

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

--

Candidate Name  
Committee to Elect Sen. Steve Roller

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TN District: 14

B.

Full Name (Last, First, Middle Initial)  
Friends of THA

Transaction ID: SB29.4500

Date of Disbursement

Mailing Address 500 Interstate Blvd, S

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

City Nashville State TN Zip Code 37210

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
PAC to PAC contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

3500.00
---------

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

3500.00
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