10/09/2008 23:06

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 501 CORPORATE CENTRE DRIVE STE 200 ADDRESS (number and street) Check if different than previously **FRANKLIN** TN 37067 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421420 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay Type or Print Name of Treasurer Electronically Filed by Eugene A. (Tony) Fay 10 8 0 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE D D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 19452.49 January 1 (b) Cash on Hand at 18241.63 Begining of Reporting Period ..... 5448.04 23902.68 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 23689.67 43355.17 6(a) and 6(c) for Column B) ..... 6325.00 25990.50 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 17364.67 17364.67 (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) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	* * * * * * * * * * * * * * * * * * * *	00.400.40
(i) Itemized (use Schedule A)	4378.58	20428.10
(ii) Unitemized	1069.46	3474.58
(iii) TOTAL (add	5449.04	
Lines 11(a)(i) and (ii)	5448.04	23902.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5448.04	23902.68
Totals to Line 33, page 3)		
. Transfers From Affiliated/Other Party Committees	0.00	0.00
,	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		3.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	5448.04	23902.68
. 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

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal	Į.	
	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	300.00	1065.50
	Expenditures(c) Total Operating Expenditures	300.00	1003.00
	(add 21(a)(i), (a)(ii) and (b))	300.00	1065.50
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	2525.00	20325.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	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
		0500.00	4000.00
9.	Other Disbursements	3500.00	4600.00
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
	(,) : 555-25 5-12-5	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6325.00	25990.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	6325.00	25990.50
	from Line 31)	0323.00	25990.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	5448.04	23902.68
	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
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. I	Net Operating Expenditures (subtract Line 37 from Line 36)	300.00	1065.50

FE6AN026

;	SCHEDULE A (FEC Form 3X)	1	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/21
ļ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV			
A.	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
••	Mailing Address 501 Corporate Centre Suite 200			07 23 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.4505
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupation Presiden		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
- 3.	Full Name (Last, First, Middle Initial) J. Thomas Anderson	<b>-</b>		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			08 31 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.4506
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupation Presiden		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2250.00	
- ).	Full Name (Last, First, Middle Initial) Dan Aranda			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		07 23 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.4531
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.62
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		924.96	
	SUBTOTAL of Receipts This Page (optional)			615.62
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	CHEDULE A (FEC Form 3X) EMIZED 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
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any pre name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Dan Aranda		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		08 31 2008
	City	State Zip Code	Transaction ID: SA11AI.4532
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  115.62
	Name of Employer Capella Healthcare Company	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Hospital CEO  Aggregate Year-to-Date ▼  1040.58	1 0
_	Full Name (Last, First, Middle Initial) Steven R. Brumfield	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		07 23 2008
	City	State Zip Code	Transaction ID: SA11AI.4507
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.00
	Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Trea	asurer
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 728.00	
_	Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	08 31 2008
	City	State Zip Code	Transaction ID: SA11AI.4508
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 91.00
	Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Trea	asurer
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1	297.62

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. GOY  Full Name (Last, First, Middle Initial)	Statements may not be sold or used by any pers ne name and address of any political committee to /ERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last First Middle Initial)		
Rick Charbonneau  Mailing Address 501 Corporate Centr	e Drive	Date of Receipt
Suite 200 City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4533  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	55.00
Name of Employer Capella Healthcare Company  Receipt For:  Primary General  Other (specify) ▼	VP Managed Care  Aggregate Year-to-Date ▼  440.00	
Full Name (Last, First, Middle Initial) Rick Charbonneau  Mailing Address 501 Corporate Centr Suite 200	e Drive	Date of Receipt  M 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.4534
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period  55.00
Name of Employer Capella Healthcare Company	Occupation VP Managed Care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	
Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt
Mailing Address 501 Corporate Centr Suite 200	e Drive	07 23 7 908
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4509  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 618.24	
SUBTOTAL of Receipts This Page (optional)		187.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		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
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may name and add	not be sold or used by any persolress of any political committee to	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) S. Ray Coffey			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		08 31 2008
City	State	Zip Code	Transaction ID: SA11AI.4510
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		77.28
Name of Employer Capella Healthcare	Occupation VP & Gov	vernment Programs	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	, iggregate	695.52	
Full Name (Last, First, Middle Initial) Beverly Craig	1		Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		0 7 2 3 Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4511
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer Capella Healthcare	Occupation VP & Qua	ality Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4512
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer Capella Healthcare	Occupation VP & Qua	ality Management	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 735.00	
SUBTOTAL of Receipts This Page (optional)			227.28

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 21   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Janice Darnaby			Date of Receipt
Mailing Address 501 Corporate Ce	0 8 3 1 2 0 0 8		
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4537
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 47.66
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 238.30	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Ce	ntre Drive		Date of Receipt  0 7 2 3 2 0 0 8
Suite 200 City	Transaction ID: SA11AI.4513		
Franklin TN  FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period
			85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	ntre Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4514  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 765.00	
SUBTOTAL of Receipts This Page (option	nal)		217.66

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 11 / 21 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	
CAPELLA HEALTHCARE, INC. GO	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200			07 23 2008
City	State	Zip Code	Transaction ID: SA11Al.4515
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.48
Name of Employer Capella Healthcare	Occupation VP & Ma	n terials Management	7
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	33 3 3	683.84	
Full Name (Last, First, Middle Initial) Brian Hitchcock	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre 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.4516
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.48
Name of Employer Capella Healthcare	Occupation VP & Ma	n terials Management	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.32	
Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive		07 23 7 2008
City	State	Zip Code	Transaction ID: SA11AI.4529
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		65.00
Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
			235.96

SCHEDULE A (FEC FOI	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (check only one)    X		
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, IN	an using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initi		TAING OOMWITTEE	Date of Receipt		
	te Centre Drive		0 8 3 1 2 0 0 8		
City	State	Zip Code	Transaction ID: SA11AI.4530		
Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 65.00		
Name of Employer Capella Healthcare		Finance Officer			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 565.00			
Full Name (Last, First, Middle Initi Steve Mahan	ial)		Date of Receipt		
Mailing Address 501 Corpora	Mailing Address 501 Corporate Centre Dr Ste 200				
City	City State Franklin TN		0 7 2 3 2 0 0 8  Transaction ID: SA11AI.4542		
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period  100.00		
Name of Employer Capella Healthcare Company	Occupation Hospital				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initi	ial)		Date of Receipt		
	te Centre Dr Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4543  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer Capella Healthcare Company	Occupation Hospital				
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page	(optional)		265.00		

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)  X 11a 11b 11c 12  13 14 15 16	
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pathen name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
CAPELLA HEALTHCARE, INC. GO	VERNMENT AFFAIRS COMMITTEE		
Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt	
Mailing Address 501 Corporate Cent Suite 200		08 31 2008	
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4560  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	130.00	
Name of Employer Capella Healthcare	Occupation Hospital CEO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00		
Full Name (Last, First, Middle Initial) John McLain		Date of Receipt	
Mailing Address 501 Corporate Cent	ling Address 501 Corporate Centre Dr, Ste 200		
City	State Zip Code	Transaction ID: SA11AI.4538	
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	400.00		
Full Name (Last, First, Middle Initial) John McLain		Date of Receipt	
Mailing Address 501 Corporate Cent	re Dr, Ste 200	08 31 2008	
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4539	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00	
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00		
Other (specify) ▼	300.00		
CUPTOTAL (P Ti: P /	)	330.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 / 21 (check only one)
TI EIVIIZED TIEOLII 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
Mailing Address 501 Corporate Centr Suite 200	re Drive		07 23 YYYYY 2008
City	State	Zip Code	Transaction ID: SA11AI.4527
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1280.00	
Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
Mailing Address 501 Corporate Centr Suite 200	e Drive		08 31 7 2008
City	State	Zip Code	Transaction ID: SA11Al.4528
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1440.00	]
Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
Mailing Address 501 Corporate Center	er Dr Ste 200		0 8 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11Al.4541
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			370.00

rmation copied from such Reports and St mmercial purposes, other than using the mmercial purposes, other than using the mercial purposes. In Corporate Centre I Suite 200    Solitary	RNMENT AFFAIRS COMMI  State Zip Code TN 37067  C  Occupation Chief Executive Officer Aggregate Year-to-Date	750.00	the purpose of soliciting contributions to contributions from such committee.  Date of Receipt  M M / 23 / 2008  Transaction ID: SA11AI.4517  Amount of Each Receipt this Period  250.00
PELLA HEALTHCARE, INC. GOVE  Name (Last, First, Middle Initial)  Slipkovich  ng Address  501 Corporate Centre I  Suite 200  nklin  ID number of contributing ral political committee.  e of Employer ella Healthcare Company  sipt For: Primary  General Other (specify)   Name (Last, First, Middle Initial)  Slipkovich  ng Address  501 Corporate Centre I	Orive  State Zip Code TN 37067  C  Occupation Chief Executive Officer Aggregate Year-to-Date ▼	750.00	Transaction ID: SA11AI.4517  Amount of Each Receipt this Period  250.00
Slipkovich  Ing Address 501 Corporate Centre E Suite 200  Inklin  ID number of contributing ral political committee.  e of Employer ella Healthcare Company  sipt For: Primary General Other (specify)  Name (Last, First, Middle Initial)  Slipkovich  Ing Address 501 Corporate Centre E	State Zip Code TN 37067  C  Occupation Chief Executive Officer Aggregate Year-to-Date	750.00	Transaction ID: SA11AI.4517  Amount of Each Receipt this Period  250.00
Suite 200  nklin  ID number of contributing ral political committee.  e of Employer ella Healthcare Company  sipt For: Primary General  Other (specify)  Name (Last, First, Middle Initial)  Slipkovich  ng Address 501 Corporate Centre I	State Zip Code TN 37067  C  Occupation Chief Executive Officer Aggregate Year-to-Date	750.00	Transaction ID: SA11AI.4517  Amount of Each Receipt this Period  250.00
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e of Employer ella Healthcare Company  sipt For: Primary General Other (specify)  Name (Last, First, Middle Initial) Slipkovich  ng Address 501 Corporate Centre I	Occupation Chief Executive Officer Aggregate Year-to-Date	0 0 0	
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Primary General Other (specify) ▼  Name (Last, First, Middle Initial) Slipkovich ng Address 501 Corporate Centre I	Aggregate Year-to-Date ▼	0 0 0	Date of Receipt
Other (specify)  Name (Last, First, Middle Initial) Slipkovich ng Address 501 Corporate Centre [		0 0 0	Date of Receipt
Slipkovich ng Address 501 Corporate Centre [	Drive		Date of Receipt
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			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code	-	Transaction ID: SA11AI.4518
nklin	TN 37067		Amount of Each Receipt this Period
ID number of contributing ral political committee.	C		250.00
e of Employer ella Healthcare Company	Occupation Chief Executive Officer		
eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	
			Date of Receipt
ng Address 501 Corporate Centre E Suite 200	Orive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code	-	Transaction ID: SA11AI.4519
<u>ıklin</u>	TN 37067		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			195.83
e of Employer ella Healthcare	Occupation Senior VP & Developmen	t Officer	
pipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1566.64	
	e of Employer ella Healthcare Company eipt For: Primary General Other (specify)  Name (Last, First, Middle Initial) ndrew Slusser ng Address 501 Corporate Centre E Suite 200  nklin ID number of contributing ral political committee. e of Employer ella Healthcare eipt For: Primary General	e of Employer ella Healthcare Company  e of Employer ella Healthcare Company  Sipt For:  Primary  Other (specify)  Name (Last, First, Middle Initial)  Indrew Slusser  Ing Address  501 Corporate Centre Drive  Suite 200  State Zip Code  TN 37067  ID number of contributing ral political committee.  e of Employer ella Healthcare  Senior VP & Development of Senior VP & Devel	e of Employer ella Healthcare Company  cipt For: Primary General Other (specify) ▼  Name (Last, First, Middle Initial) Indrew Slusser Ing Address 501 Corporate Centre Drive Suite 200  State Zip Code TN 37067  ID number of contributing ral political committee.  e of Employer ella Healthcare  cipt For: Primary General Other (specify) ▼  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  Occupation Senior VP & Development Officer  Aggregate Year-to-Date ▼  1566.64

## SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE  A. Maling Address Sol Corporate Centre Drive Suite 200  State Zip Code Franklin  TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Prinnary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Waren Smith Maling Address 501 Corporate Centre Drive Suite 200  City  State Zip Code Transaction ID: SA11AL4520  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Suite 200  City  State Zip Code Transaction ID: SA11AL4525  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Suite 200  City  State Zip Code Transaction ID: SA11AL4525  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Suite 200  City  State Zip Code Transaction ID: SA11AL4525  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Suite 200  City  Full Name (Last, First, Middle Initial)  Warren Smith  Maling Address 501 Corporate Centre Drive Suite 200  City  State Zip Code Transaction ID: SA11AL4525  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Amount of Each Receipt this Period  Transaction ID: SA11AL4526  Transa		IEDULE A (FEC Form 3X)  MIZED 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  13 14 15 16 17
A. D. Androw Slusser  Mailling 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 Soil 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 Soil Corporate Centre Drive Suite 200  City Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Waren Smith Mailing Address 501 Corporate Centre Drive Suite 200  City Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin Finance Officer Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Warren Smith Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼ Frimary General Other (specify) ▼  317.25	or for	commercial purposes, other than using the I ME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Suite 200 City Franklin FEC ID number of contributing tederal political committee.    C	<b>4.</b> <u>D.</u>	Andrew Slusser	)rive		<del>-</del>
FEC ID number of contributing federal political committee.  Name of Employer Capellal Healthcare  Receipt For:		Suite 200		Zip Code	08 31 2008
Receipt For:     Primary	FE	C ID number of contributing		37067	
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  Final Name (Last, First, Middle Initial) Warren Smith  Mailing Address 501 Corporate Centre Drive Suite 200  Full Name (Last, First, Middle Initial) Warren Smith  Mailing Address 501 Corporate Centre Drive Suite 200  City State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  C Suite 200  City State Zip Code Franklin TN 37067  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		ceipt For: Primary General	Senior V	P & Development Officer e Year-to-Date ▼  1762.47	
City State Zip Code TN 37067  FEC ID number of contributing federal political committee.    Name of Employer Capella Healthcare   Suite 200   City   State Zip Code   Transaction ID: SA11AI.4525   Amount of Each Receipt this Period   35.25	<b>3.</b> <u>Wa</u>	arren Smith illing Address 501 Corporate Centre E	Orive		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Warren Smith 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 Occupation Hospital Finance Officer  Receipt For: Aggregate Year-to-Date ▼  Transaction ID: SA11AI.4526  Amount of Each Receipt this Period  35.25		у		•	Transaction ID: SA11AI.4525
Capella Healthcare  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Warren Smith  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 Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FE	C ID number of contributing		37067	
Receipt For:    Primary   General   282.00	Na Ca	me of Employer pella Healthcare			
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 Other (specify) ▼  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Re	Primary General	<u> </u>	e Year-to-Date ▼	
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 Other (specify) ▼  Mailing Address 501 Corporate Centre Drive State Zip Code Transaction ID: SA11AI.4526  Amount of Each Receipt this Period  35.25  Aggregate Year-to-Date ▼  317.25		,			Date of Receipt
Franklin  TN 37067  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  35.25  Amount of Each Receipt this Period  35.25		iling Address 501 Corporate Centre D	Drive		M M / D D / Y Y Y Y
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SUBTOTAL of Receipts This Page (optional) 266.33	Re	Primary General	<del>-</del>	e Year-to-Date ▼	
COLTO TALL OF THOSE PROPERTY AND CONTROL OF THE PROPERTY A	SUB	FOTAL of Receipts This Page (optional)			266.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 21 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)			
CAPELLA HEALTHCARE, INC. GO	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200		71.0	07 23 2008
City	State	Zip Code	Transaction ID: SA11AI.4521
<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 Senior V	n P & General Counsel	
Receipt For:	<del>- ' '</del>	Year-to-Date ▼	7
Primary General Other (specify) ▼	, tiggi ogalo	1600.00	
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.4522
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	Occupation Senior V	n P & General Counsel	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Robert Wampler	I		Date of Receipt
Mailing Address 501 Corporate Cent	re Drive, Ste 20	0	07
City	State	Zip Code	Transaction ID: SA11AI.4523
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	7
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		540.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 21
TEMIZED RECEIPTS		for each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
CAPELLA HEALTHCARE, INC. GOV	'ERNMENT A	AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Centre	e Drive, Ste 2	0	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4524
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	on perations CFO	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 675.00	

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

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SCHEDULE B (FEC Form 3X)			Use sepa		FOR LINE NUMBER: (check only one)							PAGE 19/21							
IT	EMIZED DIS	BURSEMEN	ITS		category of the Summary Page		<u> </u>	21b 27		22 28a		23 28b		24 28c	Н	25 29	Н	26 30b	
	y Information copied for commercial purp			•		•					•			_					
$\rangle$	NAME OF COMMI CAPELLA HEAL	` ,	GOVERNI	MENT AFI	FAIRS COMM	ITTEE	Ξ												
	Full Name (Last, Fi KraftCPAs PLLC									Trans Date o	of Di	sburs	eme			.99 0 ŏ 8	Y		
	Mailing Address	555 Great Circ Suite 200	le Road							0 8			8 (		. 2	008			
	City Nashville			State TN	Zip Code 37228					Amou	nt of	Each	Dis	burser		t this F		d	
Purpose of Disbursement accounting fees										<u></u>	_				. 3	00.00	)		
	Candidate Name					Cate T	ego ype	•											
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SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	300.00
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or	for commercial purposes, other than using the nam-	e and addres	ss of any political	commi	tee to s	olicit	contri	butio	ons fro	m su	ıch c	omn	nittee		
$\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNI	MENT AFF	FAIRS COMMI	TTEE											
	Full Name (Last, First, Middle Initial)					Т	ransa	actio	on ID:	SE	323.4	149	6		
	COOPER FOR CONGRESS COMMITTEE						ate o	f Dis	sburse	emen	t		_		
	Martine Address ( B. 11 - O.11 - O.11					- [	м - N	И /	<sup>D</sup> 2	D .	/ Y	Ý	0 0 8	Y	
	Mailing Address c/o Davidson Golden & L P.O. Box 927	Lundy P.C.				L	0 7			0			000		
	,	State	Zip Code			Α	mour	nt of	Each	Disb	urser	nen	t this I	Perio	od
	Brentwood	TN	37024			_ [			-			5	25.0	<b>1</b>	
	Purpose of Disbursement fundraiser												25.0	J	
	Candidate Name COOPER FOR CONGRESS COMMITTEE	<b>E</b>		Cated Typ											
	X X	ement For: Primary Other (spe	2008 General												
	Full Name (Last, First, Middle Initial)					<b>—</b>	rance	ootic	on ID:	95	222	150			
	SALAZAR FOR SENATE						ate o	f Dis	sburse	emen	_				
	Mailing Address PO BOX 600					1 L	0 9	M /	<sup>D</sup> 2	2	Ľ	ž	0 0 8	3 <sup>Y</sup>	
	City DENVER	State CO	Zip Code 80201			A	mour	nt of	Each	Disb	urser	nen	t this I	Perio	od
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	Candidate Name SALAZAR FOR SENATE			Cate Typ											
	Office Sought:    House   Disburse   X   Senate   President	ement For: Primary Other (spe	2008 X General ecify) ▼												

SUBTOTAL of Disbursements This Page (optional)	•	2525.00
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	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNM	MENT AFFAIRS COMMI	ΓΤΕΕ	
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.4493
Α.	Committee to Elect Sen. Steve Roller			Date of Disbursement
	Mailing Address 111 West Court Square Suite 1			$\begin{bmatrix} \begin{smallmatrix} M \\ O & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ E \end{smallmatrix} \end{bmatrix} \   \underbrace{\begin{smallmatrix} Y \\ E \end{smallmatrix} } \   \underbrace{\begin{smallmatrix} Y \\ O \end{smallmatrix} } \   \underbrace{\begin{smallmatrix} Y \\ E \end{smallmatrix} } \   \underbrace{\end{smallmatrix} } \   \underbrace{\begin{smallmatrix} Y \\ E \end{smallmatrix} } \   \underbrace{\end{smallmatrix} } \   \underbrace{\begin{smallmatrix} Y \\ E \end{smallmatrix} } \   \underbrace{\end{smallmatrix} } \   \underbrace{\begin{smallmatrix} Y \\ E \end{smallmatrix} } \ $
	•	State Zip Code TN 37110		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · ·	500.00
	Candidate Name Committee to Elect Sen. Steve Roller		Category/ Type	
	Office Sought:    House   Disburset   X	ment For: 2008 Primary General Other (specify)		
	State: TN District: 14			
В.	Full Name (Last, First, Middle Initial) Friends of THA			Transaction ID: SB29.4500 Date of Disbursement
	Mailing Address 500 Interstate Blvd, S			$ \begin{bmatrix} 0 & 9 & 9 & 7 \\ 0 & 9 & 9 & 9 \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 2 \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
		State Zip Code TN 37210		Amount of Each Disbursement this Period
	Purpose of Disbursement PAC to PAC contribution			3000.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		

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

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