

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 04 01 2006 through 06 30 2006

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 07 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | <table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | | | |
| | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">5016.82</td></tr></table> | 5016.82 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">5016.82</td></tr></table> | 5016.82 | | | | | | | | |
| 5016.82 | | | | | | | | | | | | |
| 5016.82 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">5016.82</td></tr></table> | 5016.82 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">5016.82</td></tr></table> | 5016.82 | | | | | | | | |
| 5016.82 | | | | | | | | | | | | |
| 5016.82 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2879.30</td></tr></table> | 2879.30 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2879.30</td></tr></table> | 2879.30 | | | | | | | | |
| 2879.30 | | | | | | | | | | | | |
| 2879.30 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2137.52</td></tr></table> | 2137.52 | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2137.52</td></tr></table> | 2137.52 | | | | | | | | |
| 2137.52 | | | | | | | | | | | | |
| 2137.52 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 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 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 3670.00 | 3670.00 |
| (i) Itemized (use Schedule A) | 1346.82 | 1346.82 |
| (ii) Unitemized | 5016.82 | 5016.82 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 5016.82 | 5016.82 |
| 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)) | 5016.82 | 5016.82 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 5016.82 | 5016.82 |

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 Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 326.80 | 326.80 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 326.80 | 326.80 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2000.00 | 2000.00 |
| 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..... | 552.50 | 552.50 |
| 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)).. | 2879.30 | 2879.30 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 2879.30 | 2879.30 |

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) | 5016.82 | 5016.82 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5016.82 | 5016.82 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 326.80 | 326.80 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 326.80 | 326.80 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 11 |
| | <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

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) J. Thomas Anderson | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4115 |
| City State Zip Code Brentwood TN 37067 | Amount of Each Receipt this Period 313.34 | |
| FEC ID number of contributing federal political committee. C | | payroll 156.67 monthly |
| 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 ▼ 313.34 | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Nancy Locke | | Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2006 |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4111 |
| City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Capella Healthcare | Occupation Hospital COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) Tom Pemberton | | Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2006 |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4109 |
| City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Capella Healthcare Company | Occupation Senior VP and COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1813.34 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 11 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Thomas Rine | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 | |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4135 | |
| City State Zip Code Franklin TN 37067 | | Amount of Each Receipt this Period 340.00 | |
| FEC ID number of contributing federal political committee. C | | payroll 170.00 monthly | |
| Name of Employer Occupation Capella Healthcare Hospital Chief Executive Officer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 340.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. D. Andrew Slusser | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 | |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4125 | |
| City State Zip Code Franklin TN 37067 | | Amount of Each Receipt this Period 391.66 | |
| FEC ID number of contributing federal political committee. C | | payroll 195.83 monthly | |
| Name of Employer Occupation Capella Healthcare Senior VP & Development Officer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 391.66 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Charles Somerby | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 | |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4113 | |
| City State Zip Code Brentwood TN 37067 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Capella Healthcare Director of Operations | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 981.66 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 / 11 |
| | (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 | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4127 |
| City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | payroll 200.00 monthly |
| Name of Employer Capella Healthcare | Occupation Senior VP & General Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Denise Warren | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 |
| Mailing Address 501 Corporate Centre Drive Suite 200 | | Transaction ID: SA11A1.4129 |
| City State Zip Code Franklin TN 37067 | Amount of Each Receipt this Period 475.00 | |
| FEC ID number of contributing federal political committee. C | | payroll 237.50 monthly |
| Name of Employer Capella Healthcare | Occupation Senior VP & Finance Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 475.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 875.00 |
| TOTAL This Period (last page this line number only) ▶ | 3670.00 |

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 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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. KraftCPAs PLLC | | Transaction ID: SB21B.4147 | |
| Mailing Address 555 Great Circle Road Suite 200 | | Date of Disbursement MM / DD / YYYY 05 / 16 / 2006 | |
| City Nashville | State TN | Zip Code 37228 | Amount of Each Disbursement this Period 70.00 |
| Purpose of Disbursement accounting fees | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. KraftCPAs PLLC | | Transaction ID: SB21B.4148 | |
| Mailing Address 555 Great Circle Road Suite 200 | | Date of Disbursement MM / DD / YYYY 06 / 26 / 2006 | |
| City Nashville | State TN | Zip Code 37228 | Amount of Each Disbursement this Period 35.00 |
| Purpose of Disbursement accounting fees | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

SUBTOTAL of Disbursements This Page (optional) ►

105.00

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

105.00

**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 10 / 11

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN TANNER | | Transaction ID: SB23.4143 Date of Disbursement |
| Mailing Address Post Office Box 1994 Post Office Box 1994 | | <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2006"/> |
| City Union City | State TN | Zip Code 38281 |
| Purpose of Disbursement contribution to House Candidate | | <input type="text" value="1000.00"/> |
| Candidate Name FRIENDS OF JOHN TANNER | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 08 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS | | Transaction ID: SB23.4149 Date of Disbursement |
| Mailing Address PO Box 5577 MANHATTANVILLE STA | | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/> |
| City New York | State NY | Zip Code 10027 |
| Purpose of Disbursement D-NY US House | | <input type="text" value="1000.00"/> |
| Candidate Name RANGEL FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY | District: 15 | |

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

**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 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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Judge Stratton Re-Election Committee | | Transaction ID: SB29.4151 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 |
| Mailing Address PO Box 2515 | | Amount of Each Disbursement this Period 500.00 |
| City Lawton State OK Zip Code 73502 | Category/ Type | |
| Purpose of Disbursement contribution to Judicial candidate | | |
| Candidate Name Judge Stratton Re-Election Committee | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Oklahoma Ethics Commission | | Transaction ID: SB29.4153 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 |
| Mailing Address 2300 N Lincoln Blvd Rm B-5 | | Amount of Each Disbursement this Period 52.50 |
| City Oklahoma City State OK Zip Code 73105 | Category/ Type | |
| Purpose of Disbursement registration fee | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

552.50

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

552.50