FEC FORM 3X	AND [	RT OF RE DISBURSE Than An Author	MENTS	ee	Office Use O	nly
1. NAME OF COMMITTEE (in fu	USE FEC M OR TYPE O	AILING LABEL R PRINT ₩	Example:If typing	, type		
	ICARE, INC. GOVERI		MMITTEE			
ADDRESS (number and a	street) 501 COF		RIVE STE 200			
Check if different than previously reported. (ACC		IN			37067	7
2. FEC IDENTIFICAT	ION NUMBER 🛛 🗑	CITY A	L	STAT	E A ZIP	CODE 🔺
C00421420		3. IS TH REPC		N) OR	AMENDED (A)	
July 15	Rep Due	· · · · · · · · · · · · · · · · · · ·	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
X Support (Niverset) Control (Control (Contro) (Contro) (Contro) (Contro) (Contro) (Contro)	5 Report(Q3) 1 Report(YE) id-Year on-election (d)	Report for the: Election or 30-Day Post -Election Report for the: Election or	General (30G		Runoff (30R)	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	Electronically Filed b	A. (Tony) Fay y Eugene A. (Tony)	Fay	true, correct and co	07 27	2 0 0 9 2 U.S.C 437g.
Office Use Only					FEC FC (Rev. 12	<b>DRM 3X</b> 2/2004)

Image# 29934357391

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 47

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE DD Y Y Y ММ D м м D 01 01 2009 06 30 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6. 20<sup>0</sup>09<sup>°</sup> 18204.23 January 1 (b) Cash on Hand at 18204.23 Begining of Reporting Period ..... 27645.42 27645.42 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 45849.65 45849.65 6(a) and 6(c) for Column B) ..... 19271.38 19271.38 Total Disbursements (from Line 31) ..... 7. Cash on Hand at Close of 8. **Reporting Period** 26578.27 26578.27 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed BY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

FE6AN026

### Image# 29934357392

#### DETAILED SUMMARY PAGE OF RECEIPTS

mage# 29934357392		DETAILED SUMMARY PAGE OF RECEIPTS			
FEC Form 3X (Rev. 06/2004)					
	e or Type Committee Name CAPELLA HEALTHCARE, INC. GO	/ERNMENT AFFAIRS COMMITTEE			
Repo	ort Covering the Period: From:	M M 01 Y Y Y Y Y T T C	$\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} \end{array} \begin{array}{c} D & D \\ 3 & 0 \end{array} \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{array}$		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11. Co (a)	ontributions (other than loans) From: Individuals/Persons Other Than Political Committees	20832.54	20832.54		
	(i) Itemized (use Schedule A)	20032.34	20032.34		
	(ii) Unitemized	6812.88	6812.88		
	(iii) TOTAL (add Lines 11(a)(i) and (ii) D	27645.42	27645.42		
(b)	) Political Party Committees	0.00	0.00		
(c) (d)	(such as PACs)	0.00	0.00		
(-)	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27645.42	27645.42		
	ansfers From Affiliated/Other rrty Committees	0.00	0.00		
13. Al	Loans Received	0.00	0.00		
14. Lo 15. Of	an Repayments Received ifsets To Operating Expenditures	0.00	0.00		
(C	efunds, Rebates, etc.) arry Totals to Line 37, page 5)	0.00	0.00		
to	efunds of Contributions Made Federal candidates and Other litical Committees	0.00	0.00		
	ther Federal Receipts ividends, Interest, etc.)	0.00	0.00		
18. Tr	ansfers from Non-Federal and Levin Fund	ls			
(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		
	tal Receipts (add Lines 11(d), , 13, 14, 15, 16, 17, and 18(c))	27645.42	27645.42		
	tal Federal Receipts ıbtract Line 18(c) from Line 19)	27645.42	27645.42		

#### Image# 29934357393

## **DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	BURSEMENTS COLUMN A	
. Operating Expenditures: -	Total This Period	Calendar Year-to-Date
(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	971.38	971.38
(c) Total Operating Expenditures	971.38	971.38
(add 21(a)(i), (a)(ii) and (b)) (add 21(a)(i), (a)(ii) and (b))		
Committees Contributions to Enderel Candidates/Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	15300.00	15300.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
<ul> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other Than Political Committees</li> <li>(b) The political Committees</li> </ul> </li> </ul>	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
Other Disbursements	3000.00	3000.00
<ul> <li>Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> </ul>		
(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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19271.38	19271.38
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19271.38	19271.38

# DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 47

	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)	27645.42	27645.42
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	27645.42	27645.42
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	971.38	971.38
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	971.38	971.38

FE6AN026

	Any information copied from such Reports and S or for commercial purposes, other than using the		13 14 15 16 17
	NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AFFAIRS COMMITTEE	
م. ۲.	Full Name (Last, First, Middle Initial) J. Thomas Anderson		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4705
	Brentwood FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation President	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
	Full Name (Last, First, Middle Initial) J. Thomas Anderson	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	02 17 <u>Y Y Y Y</u> 2009
	City	State Zip Code TN 37067	Transaction ID: SA11AI.4706
	Brentwood FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
	Full Name (Last, First, Middle Initial) J. Thomas Anderson		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M         M         /         D         D         /         Y
	City Brentwood	State Zip Code TN 37067	Transaction ID: SA11AI.4707
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation President	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	·	750.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 7 / 47           (check only one)         11a           X         11a           13         14           15         16           17
	ner than using the name and ad		on for the purpose of soliciting contributions o solicit contributions from such committee.
· · · ·	RE, INC. GOVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Midd J. Thomas Anderson	,		Date of Receipt
Mailing Address 501 Cor Suite 20	rporate Centre Drive		03 / <sup>D</sup> D / <sup>Y</sup> Y Y Y Y 2009
City	State	Zip Code	Transaction ID: SA11AI.4708
Brentwood	TN	37067	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		250.00
Name of Employer Capella Healthcare	Occupatio Presiden		
Receipt For:	00 0	e Year-to-Date 🔻	
Other (specify) ▼		1000.00	
Full Name (Last, First, Midd J. Thomas Anderson	le Initial)		Date of Receipt
Suite 20	rporate Centre Drive		M M M         /         D D         /         Y Y Y Y Y           05         /         22         2009
City	State	Zip Code	Transaction ID: SA11AI.4862
Brentwood	TN	37067	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		500.00
Name of Employer Capella Healthcare	Occupatio Presiden		
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Midd J. Thomas Anderson	le Initial)		Date of Receipt
Mailing Address 501 Cor Suite 20	rporate Centre Drive		M M / D D / Y Y Y Y 06 / 29 / 2009
City	State	Zip Code	Transaction ID: SA11AI.4861
Brentwood	. TN	37067	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.			250.00
Name of Employer Capella Healthcare	Occupatio Presiden	t	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1750.00	]
SUBTOTAL of Receipts This	Page (optional)		1000.00
	e this line number only)		

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 8 / 47           (check only one)         11a         11b         11c         12           13         14         15         16         16
Any information copied from such I or for commercial purposes, other to NAME OF COMMITTEE (In Fu	han using the name and ad	y not be sold or used by any per- dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
CAPELLA HEALTHCARE,	,	AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Ir Dan Aranda	nitial)		Date of Receipt
Mailing Address 501 Corpor Suite 200	rate Centre Drive		M M / D D / Y Y Y Y 02 17 2009
City	State	Zip Code	Transaction ID: SA11AI.4772
Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company	Occupatio Hospital	CEO	
Receipt For: Primary General Other (specify) <b>▼</b>		e Year-to-Date 231.24	
Full Name (Last, First, Middle Ir Dan Aranda	nitial)		Date of Receipt
Suite 200	rate Centre Drive		M M / D D / Y Y Y Y 0 3 / 0 2 / 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer Capella Healthcare Company	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 346.86	
Full Name (Last, First, Middle Ir Dan Aranda	nitial)		Date of Receipt
Mailing Address 501 Corpo Suite 200	rate Centre Drive		M M / D D / Y Y Y Y 03 30 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		115.62
Name of Employer Capella Healthcare Company	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 462.48	
SUBTOTAL of Receipts This Page	le (optional)		346.86

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 47         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       1
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may 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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
∠	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / D D / Y Y Y Y 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.4711
	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	<sup>n</sup> sident/Assistant PAC Treasu	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		273.00	]
-	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / 0 0 / Y Y Y Y Y 03 / 0 0 0 / 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4712
	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 Pres	n sident/Assistant PAC Treasu	Irer
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 364.00	]
_	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4863
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		182.00
	Name of Employer Capella Health, Inc.	Occupation Vice Pres	<sup>n</sup> sident/Assistant PAC Treasu	irer
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		364.00

	<b> </b>			
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 10 / 47         (check only one)       Image: Check only one)         X       11a       11b       11c       12         Image:
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	/ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI			
. Z	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4864
	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.	Occupatio Vice Pres	<sup>n</sup> sident/Assistant PAC Treasu	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼		637.00	]
. –	Full Name (Last, First, Middle Initial) Rick Charbonneau			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y
	City	State	Zip Code	Transaction ID: SA11AI.4778
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Capella Healthcare Company	Occupatio VP Mana	n Iged Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]
_	Full Name (Last, First, Middle Initial) Rick Charbonneau			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4902
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		110.00
	Name of Employer Capella Healthcare Company	Occupatio VP Mana	n Iged Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 330.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		256.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	SX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 11 / 47           (check only one)         11a         11b         11c         12           13         14         15         16         16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may ng the name and add	not be sold or used by any pers ress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. G	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Rick Charbonneau			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	entre Drive		M M / D D / Y Y Y Y 06 29 2009
City	State	Zip Code	Transaction ID: SA11AI.4903
Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 55.00
Name of Employer Capella Healthcare Company Receipt For:	Occupation VP Mana Aggregate		
Other (specify) ▼	0 0	385.00	]
Full Name (Last, First, Middle Initial) S. Ray Coffey			Date of Receipt
Mailing Address 501 Corporate Ce	entre Drive		M M / D D / Y Y Y Y Y 03 02 2009
City Franklin	State	Zip Code	Transaction ID: SA11AI.4716
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare Receipt For:	I .	vernment Programs Year-to-Date ▼	
Other (specify) ▼		231.84	
Full Name (Last, First, Middle Initial) S. Ray Coffey			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	entre Drive		M         M         /         D         D         /         Y
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4717 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: Primary General Other (specify) ▼	I .	Year-to-Date <b>V</b> 309.12	
SUBTOTAL of Receipts This Page (option	nal)		209.56

ľ	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 12 / 47           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	05 22 Y Y Y 05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4867
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	154.56
	Name of Employer Capella Healthcare	Occupation VP & Government Programs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	463.68	
_	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: SA11AI.4868
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		77.28
	Name of Employer Capella Healthcare	Occupation VP & Government Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.96	
_	Full Name (Last, First, Middle Initial) Glenn Collins	1	Date of Receipt
	Mailing Address 501 Corporate Center	Dr, Ste 200	03 30 2009
	City	State Zip Code	Transaction ID: SA11AI.4856
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1500.00
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Γ	SUBTOTAL of Receipts This Page (optional).	1	1731.84

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13/47           (check only one)         11a         11b         11c         12           13         14         15         16         16
A o	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any persidress 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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. <u> </u>	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / D D / Y Y Y Y 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.4720
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 75.00
	Name of Employer Capella Healthcare Receipt For:	1 1	ality Management	_
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]
	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 0 3 2 0 9
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.4721
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 75.00
	Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		05 / Y Y Y Y 2009
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4869 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	
	Receipt For: Primary General Other (specify) ▼	1.1	e Year-to-Date ▼ 450.00	]
Ę	SUBTOTAL of Receipts This Page (optional)			300.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 14 / 47           (check only one)         X           X         11a         11b         11c         12           13         14         15         16         1
	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4870
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 75.00
	Name of Employer Capella Healthcare	Occupatio	n ality Management	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 525.00	]
-	Full Name (Last, First, Middle Initial) Janice Darnaby	Date of Receipt		
	Mailing Address 501 Corporate Centre, Ste 200			M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4908
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 95.32
	Name of Employer Capella Healthcare Company	Occupatio Hospital		_
	Receipt For: Primary General Other (specify) <b>v</b>	Aggregate	e Year-to-Date ▼ 285.96	]
	Full Name (Last, First, Middle Initial) Janice Darnaby			Date of Receipt
	Mailing Address 501 Corporate Centre,	Ste 200		0 6 / 2 9 / Y Y Y Y Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4909 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.66
	Name of Employer Capella Healthcare Company	Occupatio Hospital		_
	Receipt For: Primary General Other (specify) ▼	_ <b>_</b>	Year-to-Date ▼ 333.62	
Γ	SUBTOTAL of Receipts This Page (optional)	1		217.98

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 15 / 47           (check only one)         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Rosemarie Davis		Date of Receipt
	Mailing Address 501 Corporate Center	Dr, Ste 200	M M / D D / Y Y Y Y 03 02 2009
	City	State Zip Code	Transaction ID: SA11AI.4854
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)	1000.00	
_	Full Name (Last, First, Middle Initial) Patricia Dolan	Date of Receipt	
	Mailing Address 501 Corporate Center Suite 200	Drive	M M / D D / Y Y Y Y Y 05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4932
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		100.00
	Name of Employer Capella Healthcare	Occupation Hospital CNO	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 300.00	]
	Full Name (Last, First, Middle Initial) Patricia Dolan		Date of Receipt
	Mailing Address 501 Corporate Center Suite 200	Drive	M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: SA11AI.4933
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Capella Healthcare	Occupation Hospital CNO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]
Γ	SURTOTAL of Receipts This Page (optional)	•	1150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 16 / 47           (check only one)         I1a         11b         11c         12           I3         14         15         16         I
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	/ERNMENT A	FFAIRS COMMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) Patty Doles			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Dr		05 22 YYYY 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4904
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		141.66
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 212.49	]
	Full Name (Last, First, Middle Initial) Patty Doles			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Dr		M M / D D / Y Y Y Y 06 / 29 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.4905
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 70.83
	Name of Employer Capella Healthcare	Occupatio		
	Receipt For: Primary General Other (specify) $\bigtriangledown$	Hospital Aggregate	CFO → Year-to-Date ▼ 283.32	]
	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		03 / 02 / 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4724 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupatio Vice Pre		
	Receipt For: Primary General Other (specify) ▼	- t - t	e Year-to-Date ▼ 255.00	]
s	UBTOTAL of Receipts This Page (optional)			297.49

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 17 / 47           (check only one)         X           X         11a           13         14           15         16
A C	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persol 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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. Ľ	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / D D / Y Y Y Y 30 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.4725
	Franklin FEC ID number of contributing federal political committee.	TN	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 V 340.00	]
	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre			
	Suite 200	State	Zip Code	0 5 2 2 2 0 0 9 Transaction ID: SA11AI.4871
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 510.00	]
	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 06 29 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4872 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 595.00	]
	SUBTOTAL of Receipts This Page (optional)			340.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 18 / 47           (check only one)         X           X         11a           11b         11c           12         13           14         15
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress 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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) Robert Hammond			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		05 / 22 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.4873
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Division C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]
	Full Name (Last, First, Middle Initial) Robert Hammond	Date of Receipt		
	Mailing Address 501 Corporate Centre Drive Suite 200			06 / D D / Y Y Y Y 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4874
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Division (		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4942 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupation Hospital (		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Γ	SUBTOTAL of Receipts This Page (optional)			625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19 / 47           (check only one)         X           X         11a           113         14           15         16
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AFFAIRS COMMITTEE	
× ۸.	Full Name (Last, First, Middle Initial) Bryan Hargis		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M · M         /         D · D         /         Y · Y · Y · Y         Y           0 6         2 9         2 0 0 9         2
	City	State Zip Code	Transaction ID: SA11AI.4943
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date V	
	Primary     General       Other (specify)     ▼	500.00	
	Full Name (Last, First, Middle Initial) Brian Hitchcock	Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 0 3 0 2 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.4732
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		85.48
	Name of Employer Capella Healthcare	Occupation VP & Materials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  256.44	
_	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
-	Mailing Address 501 Corporate Centre Suite 200	Drive	0 3 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.4733
	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 & Materials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 341.92	
	SUBTOTAL of Receipts This Page (optional)		295.96

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE		
. Z	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4877
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer Capella Healthcare	Occupation VP & Materials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 512.88	
_	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M         M         /         D         D         /         Y
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4878
	FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 85.48
	Name of Employer Capella Healthcare	Occupation VP & Materials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 598.36	
_	Full Name (Last, First, Middle Initial) Paul Horn		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4852
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation VP of Physician Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	1256.44

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 21 / 47           (check only one)         X           X         11a           11b         11c           13         14
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may 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 oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / 30 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.4768
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupatio Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	]
. –	Full Name (Last, First, Middle Initial) George Kruger	Date of Receipt		
	Mailing Address 501 Corporate Centre Suite 200	M         M         /         D         D         /         Y		
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.4899
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupatio Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 390.00	]
_	Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4940 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	1 · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V 300.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			395.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI	ERNMENT AFFAIRS COMMITTEE	
× ۸.	Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y 06 29 2009	
	City	State Zip Code	Transaction ID: SA11AI.4941
	Franklin FEC ID number of contributing	<u>TN 37067</u>	Amount of Each Receipt this Period
	federal political committee.		100.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	400.0	0
	Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt
	Mailing Address 501 Corporate Centre	M M / D D / Y Y Y Y 03 02 2009	
	City	State Zip Code	Transaction ID: SA11AI.4799
	Franklin	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: Primary General Other (specify) ▼	Aggregate Year-to-Date V 300.0	0
_	Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt
	Mailing Address 501 Corporate Centre	Dr Ste 200	0 3 3 0 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.4800
	Franklin	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: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.0	0
Γ	SUBTOTAL of Receipts This Page (optional)	I	300.00

			(	• · · · · · · · · · · · · · · · · · · ·
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 23 / 47           (check only one)         11a         11b         11c         12           X         11a         11b         11c         12           13         14         15         16         1'
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE			
۷ ۱.	Full Name (Last, First, Middle Initial) Steve Mahan			Date of Receipt
	Mailing Address 501 Corporate Centre	Dr Ste 200		05 22 Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4914
	Franklin FEC ID number of contributing	TN	37067	Amount of Each Receipt this Period
	federal political committee.	C		200.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:	1 · · · ·	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	600.00	]
-	Full Name (Last, First, Middle Initial) Steve Mahan	1		Date of Receipt
•	Mailing Address 501 Corporate Centre	0 6 2 9 2 0 0 9		
	City	State	Zip Code	Transaction ID: SA11AI.4915
	Franklin	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		
	Receipt For:       Primary       General       Other (specify) ▼	1 4	Year-to-Date <b>V</b> 700.00	]
	Full Name (Last, First, Middle Initial) Mike McCoy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		0 2 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4828
	Franklin FEC ID number of contributing	TN	37067	Amount of Each Receipt this Period
	federal political committee.	C		130.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date  260.00	]
Γ		1		430.00

		Statements may not be sold or used by any person e name and address of any political committee to ERNMENT AFFAIRS COMMITTEE	
<b>A</b> .	CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
×.	Full Name (Last First Middle Initial)		
	Mike McCoy	<b>-</b>	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	03 / D D / Y Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.4829
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		130.00
	Name of Employer Capella Healthcare	Occupation	
	Receipt For:	Hospital CEO Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	390.00	]
. –	Full Name (Last, First, Middle Initial) Mike McCoy	Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200	Drive	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: SA11AI.4830
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		130.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	520.00	]
	Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	05 / Y Y Y Y 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4934
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		260.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	780.00	
	SUBTOTAL of Receipts This Page (optional) .	l	520.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 25 / 47           (check only one)         X           X         11a           11b         11c           12         13           14         15           16         1
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AF	FAIRS COMMITTEE	
⊻ 4.	Full Name (Last, First, Middle Initial) Mike McCoy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M + M         /         D + D         /         Y         Y + Y         Y           0 6         2 9         2 0 0 9         2         2         0         9         2         1
	City	State	Zip Code	Transaction ID: SA11AI.4935
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 130.00
	Name of Employer Capella Healthcare	Occupation Hospital C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00	
-	Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4922
	Franklin FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Hospital C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]
_	Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4923
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 125.00
	Name of Employer Capella Healthcare	Occupation Hospital C		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		505.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI		
. Z	Full Name (Last, First, Middle Initial) John McLain		Date of Receipt
	Mailing Address 501 Corporate Centre	Dr, Ste 200	M M / D D / Y Y Y Y 03 02 2009
	City	State Zip Code	Transaction ID: SA11AI.4791
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) John McLain Mailing Address 501 Corporate Centre	Dr, Ste 200	Date of Receipt
	City	State Zip Code	0 3 3 0 2 0 0 9 Transaction ID: SA11AI.4792
	Franklin	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
-	Full Name (Last, First, Middle Initial) John McLain	I	Date of Receipt
	Mailing Address 501 Corporate Centre	Dr, Ste 200	05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4910
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		200.00
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 600.00	
Γ	SUBTOTAL of Receipts This Page (optional)		▶ 400.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 27 / 47           (check only one)         X           X         11a           113         14           15         16
	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) John McLain		Date of Receipt
	Mailing Address 501 Corporate Centre	e Dr, Ste 200	M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: SA11AI.4911
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	700.00	
	Full Name (Last, First, Middle Initial) Mark Medley	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive	M M / D D / Y Y Y Y 05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4879
	Franklin FEC ID number of contributing	TN 37067	Amount of Each Receipt this Period
	federal political committee.		300.00
	Name of Employer Capella Healthcare	Occupation Division CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	]
	Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive	M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code	Transaction ID: SA11AI.4880
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		150.00
	Name of Employer Capella Healthcare	Occupation Division CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Γ	SUBTOTAL of Receipts This Page (optional).		550.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 28 / 47         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and St or for commercial purposes, other than using the			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	AFFAIRS COMMITTEE	
۷ A.	Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4881
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupatio Division		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 225.00	]
- B.	Full Name (Last, First, Middle Initial) Dirk Morgan Mailing Address 501 Corporate Centre I			Date of Receipt
	Suite 200	Drive		06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4882
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 75.00
	Name of Employer Capella Healthcare	Occupatio Division	CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 300.00	]
- C.	Full Name (Last, First, Middle Initial) Elisa Moylan			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		M         M         /         D         D         /         Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4907
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00
	Name of Employer Capella Healthcare	Occupatio Hospital		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 240.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			285.00
Ī	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 29 / 47         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       1
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may and add	not be sold or used by any personess 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. GOVE	ERNMENT AF	FAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		02 17 Y Y Y Y 02 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.4762
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Hospital (		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]
	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.4763
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Hospital (		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	]
	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M · M         /         D · D         /         Y · Y · Y · Y         Y           0 3         3 0         2 0 0 9         30         2 0 0 9         30 <t< td=""></t<>
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4764 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 C		_
	Receipt For: Primary General Other (specify) ▼	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date  640.00	]
	SUBTOTAL of Receipts This Page (optional)	I		480.00

-				FOR LINE NUMBER: PAGE 30 / 47
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)         11a         11b         11c         12
_				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
×.	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4897
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		320.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date V	_
	Primary General Other (specify) ▼		960.00	]
	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4898
	Franklin	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:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		1120.00	]
_	Full Name (Last, First, Middle Initial) Dan Ordyna			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4948
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	300.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		580.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 31 / 47           (check only one)         X           X         11a           13         14           15         16
ہ د	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e 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 oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Dan Ordyna			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4949
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 50.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 350.00	]
	Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Center	Dr Ste 200		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.4912
	Franklin	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		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 300.00	]
_	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		M M / D D / Y Y Y Y 06 29 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4913 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: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 350.00	]
	SUBTOTAL of Receipts This Page (optional)			200.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 32 / 47 (check only one)
1	TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT AFFAIRS COMMITTEE	
۷ ۸.	Full Name (Last, First, Middle Initial) Jeff Rains		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 05 / 22 / 2009
	City	State Zip Code	Transaction ID: SA11AI.4928
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary   General     Other (specify) ▼	240.00	]
	Full Name (Last, First, Middle Initial) Jeff Rains		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 06 / 29 / 2009
	City	State Zip Code	Transaction ID: SA11AI.4931
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	]
_	Full Name (Last, First, Middle Initial) Cory Rhoades		Date of Receipt
	Mailing Address 501 Corporate Centre E Suite 200	Drive	05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4950
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Capella Healthcare	Occupation Hospital CFO	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary     General       Other (specify) ▼	300.00	
	1		1

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 33 / 47           (check only one)         X           X         11a           13         14           15         16
An or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	/ERNMENT A	FFAIRS COMMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) Cory Rhoades			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4951
	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	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]
	Full Name (Last, First, Middle Initial) Paul Rogers			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		M M / D D / Y Y Y Y 06 29 2009
	City	State	Zip Code	Transaction ID: SA11AI.4945
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 52.08
	Name of Employer Capella Healthcare	Occupatio		_
	Receipt For: Primary General Other (specify) ▼	Hospital Aggregate	e Year-to-Date ▼ 208.32	]
	Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
	Mailing Address 501 Corporate Centr Suite 200	e Drive		M M / D D / Y Y Y Y 01 12 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare Company	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	I	e Year-to-Date ▼ 250.00	]
s	JBTOTAL of Receipts This Page (optional)			352.08

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 34 / 47           (check only one)         X           X         11a           11b         11c           13         14           15         16
Any or f	v information copied from such Reports and or commercial purposes, other than using t	d Statements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of soliciting contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO			
	Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
	Mailing Address 501 Corporate Centr Suite 200	re Drive		02 / D / Y Y Y Y 02 / 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.4739
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Ī	Name of Employer Capella Healthcare Company	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	S Year-to-Date ▼ 500.00	]
	Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
	Mailing Address 501 Corporate Centr Suite 200	re Drive		M M / D D / Y Y Y Y 03 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.4740
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
-	Name of Employer Capella Healthcare Company	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 750.00	]
	Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
	Mailing Address 501 Corporate Centr Suite 200	re Drive		M M / D D / Y Y Y Y 03 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.4741
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare Company	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) <b>▼</b>		e Year-to-Date ▼ 1000.00	]
SI	<b>IBTOTAL</b> of Receipts This Page (optional)	<b>I</b>		750.00

ľ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 35 / 47           (check only one)         X           X         11a           13         14           15         16
	r for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	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 Slipkovich	2.	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	05 / 22 / 2009
	City	State Zip Code	Transaction ID: SA11AI.4883
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify) ▼	1500.00	
	Full Name (Last, First, Middle Initial) Dan Slipkovich	•	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 06 29 / 2009
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4884
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1750.00	
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M         M         /         D         D         /         Y
	City Franklin	State Zip Code	Transaction ID: SA11AI.4743
	FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 195.83
	Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  391.66	
	SUBTOTAL of Receipts This Page (optional) .	I	945.83

SCHEDULE A (FE	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 47         (check only one)       X         X       11a         11b       11c         12       13         14       15
or for commercial purposes,	other than using the name and a (In Full)	address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M	ARE, INC. GOVERNMENT	AFFAIRS COMMITTEE	
	Corporate Centre Drive		Date of Receipt
Suite	200 State	Zip Code	Transaction ID: SA11AI.4744
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			195.83
Name of Employer Capella Healthcare		VP & Development Officer	
Receipt For: Primary C Other (specify) ▼	Aggreg	ate Year-to-Date ▼ 587.49	
Full Name (Last, First, M D. Andrew Slusser	iddle Initial)		Date of Receipt
Suite			M M / D D / Y Y Y Y 03 / 30 / 2009
City	State	Zip Code	Transaction ID: SA11AI.4745
Franklin FEC ID number of contri federal political committe		37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare	Occupa	tion VP & Development Officer	_
Receipt For:         Primary         Other (specify) ▼	General Aggreg	ate Year-to-Date <b>V</b> 783.32	
Full Name (Last, First, M D. Andrew Slusser	iddle Initial)		Date of Receipt
Suite			M M M         /         D D         /         Y Y Y Y         Y           05         22         2009
City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4885 Amount of Each Receipt this Period
FEC ID number of contri federal political committe			391.66
Name of Employer Capella Healthcare	Occupa Senior	tion VP & Development Officer	
Receipt For: Primary C Other (specify) ▼	General Aggreg	ate Year-to-Date  1174.98	
SUBTOTAL of Receipts T	nis Page (optional)		783.32

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 37 / 47           (check only one)         X           X         11a           11b         11c           12         13           14         15           16         1
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may name and add	r not be sold or used by any persol lress 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. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		06 / Y Y Y Y 029 2009
	City	State	Zip Code	Transaction ID: SA11AI.4886
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupation Senior VI	P & Development Officer	
	Receipt For:	1 1	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	1370.81	
-	Full Name (Last, First, Middle Initial) Warren Smith			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4887
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.50
	Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 211.50	
_	Full Name (Last, First, Middle Initial) Warren Smith			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		0 6 2 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4888
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.25
	Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify)	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 246.75	
	SUBTOTAL of Receipts This Page (optional)	1		301.58

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 38 / 47           (check only one)         X           X         11a           13         14           15         16
ہ د	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. Ľ	Full Name (Last, First, Middle Initial) Joel Taylor			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		05 / 22 / 2009
	City	State	Zip Code	Transaction ID: SA11AI.4946
	Franklin FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period 100.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date V 300.00	]
	Full Name (Last, First, Middle Initial) Joel Taylor Mailing Address 501 Corporate Centre	Drive		Date of Receipt
	Suite 200		7'- 0 - 1-	06 29 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4947 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 350.00	]
	Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 201	Drive		M M / D D / Y Y Y Y 03 / 30 / 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4834 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		58.40
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.60	]
	SUBTOTAL of Receipts This Page (optional)	I	<b>`</b>	208.40

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 39 / 47           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         1
	Any information copied from such Reports and S or for commercial purposes, other than using the		
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI	ERNMENT AFFAIRS COMMITTEE	
∠ \.	Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 201	Drive	05 / 22 / 2009
	City	State Zip Code	Transaction ID: SA11AI.4936
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 116.80
	Name of Employer Capella Healthcare	Occupation Hospital CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.40	
 	Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 201	Drive	M M / D D / Y Y Y Y 06 29 2009
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4937
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 58.40
	Name of Employer Capella Healthcare	Occupation Hospital CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 408.80	
-	Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 06 29 2009
	City Franklin	State Zip Code	Transaction ID: SA11AI.4890
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1	225.20

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 47
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Г				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	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.
	CAPELLA HEALTHCARE, INC. GOVI		FFAIRS COMMITTEE	
۲.	Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive, Ste 2	0	02 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.4753
	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	Occupatio	n erations CFO	_
	Receipt For:	- · · · · ·	e Year-to-Date	—
	Primary General Other (specify)		270.00	]
- 3.	Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
•	Mailing Address 501 Corporate Centre	Drive, Ste 2	0	0 3 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4754
	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	Occupatio VP & Op	n erations CFO	
	Receipt For:	- · · · ·	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	405.00	]
-	Full Name (Last, First, Middle Initial) Robert Wampler	1		Date of Receipt
-	Mailing Address 501 Corporate Centre	Drive, Ste 2	0	M M / D D / Y Y Y Y 03 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.4755
	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	Occupatio VP & Op	n erations CFO	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	540.00	]
Г				

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 41 / 47         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AF	FAIRS COMMITTEE	
× ۔	Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive, Ste 20		M M / D D / Y Y Y Y 05 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.4891
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer Capella Healthcare Company	Occupation VP & Ope	rations CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 810.00	]
	Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre	Drive, Ste 20		
	City	State	Zip Code	0 6 2 9 2 0 0 9 Transaction ID: SA11AI.4892
	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 & Ope	rations CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 945.00	]
_	Full Name (Last, First, Middle Initial) Denise Warren	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			M M / D D / Y Y Y Y 06 29 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4952
	FEC ID number of contributing federal political committee.	C	57007	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Senior VP		
	Receipt For: Primary General Other (specify) ▼	- I	Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2405.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 42 / 47           (check only one)         X           X         11a           113         14           15         16
	or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4893
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	160.00
	Name of Employer Capella Healthcare	Occupation VP of Tax	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	240.00	
_	Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 06 29 2009
	City	State Zip Code TN 37067	Transaction ID: SA11AI.4894
	Franklin FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
	Name of Employer Capella Healthcare	Occupation VP of Tax	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	]
_	Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 05 22 2009
	City	State Zip Code	Transaction ID: SA11AI.4895
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		140.00
	Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	380.00

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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

FOR LINE NUMBER: PAGE 43/47 (check only one) 11a Х 11b 11c 12 13 14 15 16 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.

17

1 1 7	0	,	
NAME OF COMMITTEE	(In Full)		

# CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Α.

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive	06 / 29 / Y Y Y Y 2009
City	State Zip Code	Transaction ID: SA11AI.4896
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	►	70.00
TOTAL This Period (last page this line number only)	►	20832.54

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LINE N heck only		<b>२</b> :		P	AGE	44 / 4	47
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	21b 27	22 28a		23 28b	24 280		25 29	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNM	and address of any political	committ								6
Full Name (Last, First, Middle Initial) KraftCPAs PLLC				<b>Transa</b> Date o			SB21 ement	B.49	954	
Mailing Address 555 Great Circle Road Suite 200				0 1	И /	<sup>D</sup> 1	<sup>D</sup> 4	Y 2	éoòs	Ð
City	StateZip CodeTN37228			Amour	nt of	Each	Disburs	-	-	
Purpose of Disbursement accounting fees Candidate Name		Categ		L.				1	50.00	)
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Тур	be							
Full Name (Last, First, Middle Initial) KraftCPAs PLLC				Date o		burse				Y
Mailing Address 555 Great Circle Road Suite 200		03		0	<sup>D</sup> 5	2	é o ò s	9		
, , , , , , , , , , , , , , , , , , ,	State Zip Code TN 37228			Amour	nt of	Each	Disburs			
Purpose of Disbursement accounting fees Candidate Name		Categ	jory/	L .					00.00	,
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼	Тур	be							
Full Name (Last, First, Middle Initial) KraftCPAs PLLC				Date o	f Dis	burse				
Mailing Address 555 Great Circle Road Suite 200				06	И /	<sup>D</sup> 0	<b>3</b> /	Ŷ	é o ò s	θĭ
	State Zip Code TN 37228			Amour	nt of	Each	Disburs			
Purpose of Disbursement accounting fees				L.				1	60.00	)
Candidate Name Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify) ▼	Categ Typ								
SUBTOTAL of Disbursements This Page (optional)			•		•			6	10.00	)
								-	10.00	

FEC Schedule B ( Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X)			FOF		NUMBEI	R:		P	AGF	45 / 4	47
<b>TEMIZED DISBURSEMENTS</b>	Use separate schedule(s for each category of the	)	(che	eck only	one)						
	Detailed Summary Page			21b 27	22 28a		23 28b	24 28c	Н	25 29	Н
ny Information copied from such Reports and Stater			ny p	erson fo	or the pu	rpose	e of sc	liciting c		outions	<u>і                                    </u>
r for commercial purposes, other than using the nam											
			_								
CAPELLA HEALTHCARE, INC. GOVERN	MENT AFFAIRS COMM	ITE	E								
Full Name (Last, First, Middle Initial)								SB23.	497	3	
CITIZENS FOR ARLEN SPECTER					Date c	of Dis			/ V	v	Y
Mailing Address 236 MASSACHUSETTS	AVENUE NE				0 6		0	<sup>D</sup> 2	2	0 ð S	)
City WASHINGTON	State Zip Code DC 20002				Amoui	nt of I	Each	Disburse	emen	t this F	Period
Purpose of Disbursement			_						24	00.00	)
contribution					L					_	
Candidate Name CITIZENS FOR ARLEN SPECTER			tego Гуре	,							
3	ement For: 2012	1	1. 1								
X	Primary General										
State: PA District: 00	Other (specify)										
Full Name (Last, First, Middle Initial)					Trane	actio	n ID·	SB23	106	5	
CONGRESSMAN WAXMAN CAMPAIGN	COMMITTEE				Date of					0	
Mailing Address 6380 Wilshire Blvd. #1612						VI /	<sup>D</sup> 2	<sup>D</sup> 7′	ź	o ò s	) <sup>Y</sup>
City	State Zip Code				Amoui	nt of I	Each	Disburse	emen	t this F	Perio
Los Angeles	CA 90048				-	*			22	00.00	
Purpose of Disbursement contribution					L.				23	00.00	
Candidate Name CONGRESSMAN WAXMAN CAMPAIGN	COMMITTEE		tego Гуре								
5 <u>x</u>	ement For: 2012 Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)					Trane	actio	n ID·	SB23	495	5	
FEDERATION OF AMERICAN HOSPITAL	_S PAC				Date of		burse	ement	-50	0	
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245					0 1	V /	<sup>D</sup> 1	<sup>D</sup> / `	ź	o ò s	<b>)</b> <sup>Y</sup>
City WASHINGTON	State Zip Code DC 20004				Amou	nt of I	Each	Disburse	emen	t this F	Perio
Purpose of Disbursement PAC to PAC			•		L.				50	00.00	
Candidate Name Category/ Type											
Senate President	ement For: Primary General Other (specify) ▼	I'									
State: District:											
<b>SUBTOTAL</b> of Disbursements This Page (optional)									970	00.00	
OTAL This Period (last page this line number only	)			►		-					
6AN026					FEC	C Sc	hedul	e B (For	m 3X	) (Re	vised

SCHEDULE B (FEC Form 3X)		FOR LINF	NUMBER:	PAGE 46/47		
ITEMIZED DISBURSEMENTS	DISBURSEMENTS Ose separate schedule(s) for each category of the		/ one)			
	Detailed Summary Page	21b 27		24 25 2 28c 29 3		
Any Information copied from such Reports and State or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE						
Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID			Transaction ID: SE Date of Disbursemen			
Mailing Address P.O. BOX 19163			0 <sup>M</sup> 2 <sup>M</sup> / <sup>D</sup> 2 <sup>D</sup>	Ý ŽOŎ9Ÿ		
City LAS VEGAS	StateZip CodeNV89132		Amount of Each Disb			
Purpose of Disbursement contribution				2300.00		
Candidate Name FRIENDS FOR HARRY REID		Category/ Type				
Ŭ la	ement For: 2012 Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN			Transaction ID: SE			
Mailing Address PO BOX 3197			0 <sup>M</sup> 2 <sup>M</sup> / 0 <sup>D</sup> 2	Ý 2009 <sup>°</sup>		
City LITTLE ROCK	State Zip Code AR 72203		Amount of Each Disb			
Purpose of Disbursement contribution				2300.00		
Candidate Name FRIENDS OF BLANCHE LINCOLN		Category/ Type				
	ement For: 2012 ⟨ Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES	S INC.		Transaction ID: SE Date of Disbursemen			
Mailing Address PO Box 682185			0 <sup>M</sup> 2 <sup>M</sup> / <sup>D</sup> 10 <sup>D</sup>	Ý ŽOÖ9Ÿ		
City Franklin	StateZip CodeTN37068		Amount of Each Disb			
Purpose of Disbursement contribution			L	1000.00		
Candidate Name MARSHA BLACKBURN FOR CONGRES	Category/ Type					
<b>0</b> <del>1</del>	ement For: 2012 ✓ Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)	)	►		5600.00		
TOTAL This Period (last page this line number only				15300.00		
E6AN026	,		FEC. Schedule B (	Form 3X) (Revised		

FEC Schedule B ( Form 3X) (Revised 02/2003)

-	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl 21b 27	22         23         24         25         26           28a         28b         28c         X         29         30b			
	y Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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						
Α.	Full Name (Last, First, Middle Initial) Friends of THA			Transaction ID: SB29.4967 Date of Disbursement $02^{M}$ / $27$ / $2009^{Y}$			
	Mailing Address 500 Interstate Blvd,	State Zip Code		0 2     2 7     2 0 0 9       Amount of Each Disbursement this Period			
	Nashville Purpose of Disbursement fundraiser	TN 37210	· ·	3000.00			
	Candidate Name		Category/ Type				
	Office Sought: House Dis Senate President	bursement For: Primary General Other (specify) ▼					
	State: District:						

	SUBTOTAL of Disbursements This Page (optional)	Þ	3000.00
	TOTAL This Period (last page this line number only)	►	3000.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)