Image# 2	8930080405
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FEC FORM 3X	ANI	PORT OF RE D DISBURSE ther Than An Author	MENTS	ee	Office U:	se Only
1. NAME OF COMMITTEE (in fi		EC MAILING LABEL PE OR PRINT 🕎	Example:If typing over the lines	, type	• • • • • • •	
ADDRESS (number and	street)		RIVE STE 200			
Check if differ than previousl reported. (AC	y i EB4	ANKLIN				└──│
2. FEC IDENTIFICAT	ION NUMBER	CITY	L	ST	ATE 🛋	ZIPCODE
C00421420		3. IS TH REPO		NEW N) OR	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election Report for the: Election or Report for the: Election or	(M3) M4) Primary (12P Convention (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) Runoff (30R)	In the State of Special (30S)
Type or Print Name of T Signature of Treasurer	reasurer <u>Eu</u> Electronically F	0 1 2 0 0 7 and to the best of my knowle gene A. (Tony) Fay Filed by Eugene A. (Tony) pr incomplete information mat	Fay	Date	01 10	6 2008
Office Use Only						FORM 3X ev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

v	rite or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNM	ENT AFFAIRS COMMITTEE	
R	eport Covering the Period: From:	0 1 0 1 2 0 0 7	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2007 Y Y		7804.57
	(b) Cash on Hand at Begining of Reporting Period	15371.74]
	(c) Total Receipts (from Line 19)	9360.75	23330.42
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24732.49	31134.99
7.	Total Disbursements (from Line 31)	5280.00	11682.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19452.49	19452.49
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 0^D1 3^D1 ^м М 07 ^M ^M ^M D D 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 21233.46 9360.75 (i) Itemized (use Schedule A) 0.00 2096.96 (ii) Unitemized (iii) TOTAL (add 9360.75 23330.42 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 9360.75 23330.42 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 9360.75 23330.42 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 9360.75 23330.42 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:		
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	Expenditures	280.00	630.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b)) 🕨	280.00	630.00
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
0.	Federal Candidates/Committees	4000.00	9000.00
4.	and Other Political Committees		
_	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0:00
9.	Other Disbursements	1000.00	2052.50
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
4	Tetal Diskurgenergie (add. base 24() - 22		
1.	Total Disbursements (add Lines 21(c), 22,	5280.00	11682.50
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5200.00	11002.50
2.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
		E000.00	11000 50

5280.00

11682.50

from Line 31).....

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 5
	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)	9360.75	23330.42
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9360.75	23330.42
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	280.00	630.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	280.00	630.00

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
A o	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may e name and add	/ 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.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		07 27 Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.4310
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1533.35	
	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 Y Y Y 08 20 2007
	City	State	Zip Code	Transaction ID: SA11AI.4311
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1783.35	
	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 Y Y Y 10 / 03 / 2007
	City Brentwood	State TN	Zip Code 37067	Transaction ID: SA11AI.4312 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Capella Healthcare	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	- I - I	Year-to-Date ▼ 2283.35	
Γ,	SUBTOTAL of Receipts This Page (optional) .			1000.00

	HEDULE A (FEC Form 3) MIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X X 11a 13 14 15 16
Any or fo	information copied from such Reports ar r commercial purposes, other than using	d Statements ma the 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.
1	IAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	VERNMENT A	FFAIRS COMMITTEE	
J	Full Name (Last, First, Middle Initial) I. Thomas Anderson			Date of Receipt
N	Nailing Address 501 Corporate Cen Suite 200	tre Drive		12 ^M 20 ^P 2007
C	Dity	State	Zip Code	Transaction ID: SA11AI.4313
Ē	Brentwood	TN	37067	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N	lame of Employer Capella Healthcare	Occupatio Presiden		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 2533.35]
	- Full Name (Last, First, Middle Initial) Dan Aranda	I		Date of Receipt
Ν	Aailing Address 501 Corporate Cen Suite 200	tre Drive		M M / D D / Y Y Y Y 07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.4359
F	Franklin EC ID number of contributing ederal political committee.	TN C	37067	Amount of Each Receipt this Period 115.62
N	lame of Employer Capella Healthcare Company	Occupatio Hospital		_
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 578.10]
	ull Name (Last, First, Middle Initial) Dan Aranda			Date of Receipt
Ν	Aailing Address 501 Corporate Cen Suite 200	tre Drive		M M / D D / Y Y Y Y Y 0 8 2 0 2 0 0 7 2 2 1
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4360 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		115.62
N	lame of Employer Capella Healthcare Company	Occupatio Hospital		
F	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 693.72]
<u>e</u> 11	BTOTAL of Receipts This Page (optiona			481.24

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (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 e 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 oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Dan Aranda			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		10 ^D 03 ^Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.4361
	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 924.96]
. –	Full Name (Last, First, Middle Initial) Dan Aranda	۱		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			M + M / D + D / Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4362
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Hospital		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.58]
	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 07 27 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4314 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	ident/Assistant PAC Treasu	urer
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 728.00]
	SUBTOTAL of Receipts This Page (optional)		······	437.86

_	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 11
A O	ny information copied from such Reports and Si r 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 solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
<u>بر</u> ۱.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y Y Y Y 08 20 2007
	City	State	Zip Code	Transaction ID: SA11AI.4315
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 91.00
	Name of Employer Capella Health, Inc. Receipt For:	-	sident/Assistant PAC Treasu	rer
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 819.00]
	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
•	Mailing Address 501 Corporate Centre I Suite 200			M M / D D / Y Y Y Y 10 / 03 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		182.00
	Name of Employer Capella Health, Inc.	L 1	sident/Assistant PAC Treasu	rer
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1001.00]
	Full Name (Last, First, Middle Initial) Steven R. Brumfield Mailing Address 501 Corporate Centre I Suite 200	Drive		Date of Receipt
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4317 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	n sident/Assistant PAC Treasu	rer
	Receipt For: Primary General Other (specify) ▼	_ I	e Year-to-Date ▼ 1092.00]
	SUBTOTAL of Receipts This Page (optional)		·····	364.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (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	tatements may name and add	not be sold or used by any personners 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	
∡ A.	Full Name (Last, First, Middle Initial) Rick Carter			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		$\begin{array}{c} M & M \\ 0 & 7 \end{array} / \begin{array}{c} D & D \\ 2 & 7 \end{array} / \begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} Y$
	City	State	Zip Code	Transaction ID: SA11AI.4363
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.75
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	718.75	
- В.	Full Name (Last, First, Middle Initial) Rick Carter			Date of Receipt
	Mailing Address 501 Corporate Centre E Suite 200			M M / D D Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4364 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.75
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 862.50]
– C.	Full Name (Last, First, Middle Initial) Rick Carter			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y Y Y Y 10 03 2007
	City	State	Zip Code	Transaction ID: SA11AI.4365
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 287.50
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	· · · ·	Year-to-Date ▼ 1150.00]
ſ	SUBTOTAL of Receipts This Page (optional)			575.00
F	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
Any information copied from sur or for commercial purposes, oth	ch Reports and Statements ma er than using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In CAPELLA HEALTHCAF	Full) RE, INC. GOVERNMENT /	AFFAIRS COMMITTEE	
Full Name (Last, First, Middl Rick Charbonneau	e Initial)		Date of Receipt
Mailing Address 501 Cor Suite 20	porate Centre Drive 0		07 27 Y Y Y Y 07 27 007
City	State	Zip Code	Transaction ID: SA11AI.4366
Franklin FEC ID number of contributi federal political committee.	ng C	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Compan	y Occupation VP Man	on aged Care	_
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 275.00	
Full Name (Last, First, Middl Rick Charbonneau	e Initial)		Date of Receipt
Suite 20	porate Centre Drive 0		M M / D D / Y Y Y Y 08 20 2007
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4367 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			55.00
Name of Employer Capella Healthcare Compan	y Occupation VP Man	on aged Care	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 330.00	
	porate Centre Drive		Date of Receipt
Suite 20 City Franklin	0State TN	Zip Code 37067	10 03 2007 Transaction ID: SA11AI.4368 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.			110.00
Name of Employer Capella Healthcare Compan	y Occupation VP Man	on aged Care	
Receipt For: Primary Gen Other (specify) ▼	Aggregat	te Year-to-Date ▼ 440.00	
SUBTOTAL of Receipts This	Page (optional)		220.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (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 main name and ad	y not be sold or used by any person 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	RNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) Rick Charbonneau			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		12 ^{D D} / Y Y Y Y 12 ³¹ 2007
	City	State	Zip Code	Transaction ID: SA11AI.4369
	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 VP Mana	n aged Care	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 495.00	
	Full Name (Last, First, Middle Initial) S. Ray Coffeey			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200			M M / D D / Y Y Y Y 07 27 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4318 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		77.28
	Name of Employer Capella Healthcare	Occupatio VP & Go	n vernment Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 618.24]
-	Full Name (Last, First, Middle Initial) S. Ray Coffeey			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4319 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		77.28
	Name of Employer Capella Healthcare	Occupatio VP & Go	ⁿ vernment Programs	
	Receipt For: Primary General Other (specify) ▼	I I	e Year-to-Date V 695.52]
	SUBTOTAL of Receipts This Page (optional)			209.56

	ULE A (FEC Form 3) ED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/28 (check only one)
Any information or for comm	tion copied from such Reports ar ercial purposes, other than using	nd Statements ma the 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.
	OF COMMITTEE (In Full) LA HEALTHCARE, INC. GO		FFAIRS COMMITTEE	
S. Ray C	•			Date of Receipt
Mailing A	Address 501 Corporate Cen Suite 200	tre Drive		10 ^{D D / Y Y Y Y Y 10^{D D} / 2007}
City		State	Zip Code	Transaction ID: SA11AI.4320
<u>Frankli</u>		TN	37067	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		154.56
Name of Capella	Employer Healthcare	Occupatio VP & Go	ⁿ vernment Programs	
	For: imary General her (specify) ▼	Aggregate	e Year-to-Date V 850.08	1
Full Nam S. Ray C Mailing A	•	tre Drive		Date of Receipt
0:	Suite 200		Zin Onda	12 31 2007
City Frankli	n	State TN	Zip Code 37067	Transaction ID: SA11AI.4321 Amount of Each Receipt this Period
FEC ID	number of contributing olitical committee.	C		77.28
Name of Capella	Employer Healthcare	Occupatio VP & Go	n vernment Programs	
	For: mary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 927.36]
Full Nam Beverly (ne (Last, First, Middle Initial) Craig			Date of Receipt
Mailing A	Address 501 Corporate Cen Suite 200	tre Drive		M M / D D / Y Y Y Y 07 27 2007
City	_	State	Zip Code	Transaction ID: SA11AI.4322
	number of contributing olitical committee.		37067	Amount of Each Receipt this Period 90.00
Name of Capella	Employer Healthcare	Occupatio	n ality Management	
	For: imary General her (specify) ▼	I	Year-to-Date ▼ 703.14	
SUBTOTA	L of Receipts This Page (optiona	I		321.84

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
	ny information copied from such Reports and St r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any person 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	RNMENT A	FFAIRS COMMITTEE	
. Ľ	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		08 20 Y Y Y Y 08 20 2007
	City	State	Zip Code	Transaction ID: SA11AI.4323
	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 90.00
	Name of Employer Capella Healthcare	Occupation	n ality Management	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 793.14]
_	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200			M M / D D / Y Y Y Y 10 / 03 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4324 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		180.00
	Name of Employer Capella Healthcare	Occupation	n ality Management	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 973.14]
_	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4325 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1063.14]
	SUBTOTAL of Receipts This Page (optional)	I		360.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) Image: state s
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements main 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 oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
. Z	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		07 / 27 / Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.4326
	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.	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date V 680.00]
. –	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200			M M / D D / Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4327 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupatio		
	Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 765.00]
_	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre 1			Date of Receipt
	Suite 200			
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4328 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer Capella Healthcare, Inc.	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 935.00	
Γ		1		340.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) X X 11a 13 14 15 16
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO			
<u> </u>	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		12 31 Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4329
	Franklin	TN	37067	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) ▼	Aggregate	e Year-to-Date ▼ 1020.00]
	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		M M / D D / Y Y Y Y Y <thy< th=""> Y</thy<>
	City	State	Zip Code	Transaction ID: SA11AI.4330
	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	Occupatio VP & Ma	ⁿ terials Management	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date 683.84]
	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		M M / D D / Y Y Y Y 08 20 2007
	City	State	Zip Code	Transaction ID: SA11AI.4331
	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	Occupatio VP & Ma	n terials Management	
	Receipt For: Primary General Other (specify) ▼		P Year-to-Date ▼ 769.32]
_	UBTOTAL of Receipts This Page (optional)			255.96

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
4	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 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	
∠ 4.	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		10 ^{D D / Y Y Y Y Y 10}
	City	State	Zip Code	Transaction ID: SA11AI.4332
	Franklin FEC ID number of contributing	TN C	37067	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Capella Healthcare	Occupation VP & Mate	erials Management	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	940.28	
_	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
-	Mailing Address 501 Corporate Centre Suite 200	Drive		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4333
	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 & Mate	erials Management	
	Receipt For: Primary General Other (specify) ▼	1.1	Year-to-Date V 1025.76]
-	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt
•	Mailing Address 501 Corporate Centre Suite 200	Drive		07 27 2007
	City	State	Zip Code	Transaction ID: SA11AI.4350
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Capella Healthcare	Occupation Hospital F	inance Officer	
	Receipt For: Primary General Other (specify) ▼	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 474.99	
	SUBTOTAL of Receipts This Page (optional)	1		316.44

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/28 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1
A C	ny 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 persolates 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) George Kruger			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		08 / 20 / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.4351
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Hospital	i Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 534.99]
_	Full Name (Last, First, Middle Initial) George Kruger	I		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y Y Y <th< td=""></th<>		
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.4352
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Hospital	i Finance Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 654.99]
_	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 31 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4353 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Capella Healthcare	Occupation Hospital	i Finance Officer	_
	Receipt For: Primary General Other (specify) ▼	<u> </u>	Year-to-Date V 714.99]
Γ	SUBTOTAL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one) 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements main ng the name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	GOVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	entre Drive		M M / D D / Y Y Y Y 07 27 2007
City	State	Zip Code	Transaction ID: SA11AI.4346
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	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 800.00	
Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	entre Drive		M M / D D / Y Y Y Y 08 20 2007
City	State	Zip Code	Transaction ID: SA11AI.4347
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼		9 Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	entre Drive		M M / D D / Y Y Y Y 10 03 2007
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4348 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		320.00
Name of Employer Capella Healthcare Company	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼		P Year-to-Date ▼ 1280.00	
SUBTOTAL of Receipts This Page (optio	nal)		640.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one)
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	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) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		1 2 3 1 Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4349
	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	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1440.00]
	Full Name (Last, First, Middle Initial) Tom Pemberton			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			M · M / D · D / Y · Y · Y · Y Y 1 2 3 1 2 0 0 7 2 0 0 7
	City	State TN	Zip Code	Transaction ID: SA11AI.4378
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupatio Senior V	n P and COO	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]
	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centro Suite 200	e Drive		M M / D D / Y Y Y Y 07 27 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4334 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupatio Senior V	n P & Development Officer	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1566.64]
9	UBTOTAL of Receipts This Page (optional)			1355.83

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 28 (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 St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
. ×	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre E Suite 200	Drive		08 / 20 / Y Y Y Y 2007
	City	State	Zip Code	Transaction ID: SA11AI.4335
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupatio Senior V	n P & Development Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1762.47]
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre E Suite 200			M M / D D / Y Y Y Y 10 03 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4336 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		391.66
	Name of Employer Capella Healthcare	Occupatio Senior V	n P & Development Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2154.13]
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre E Suite 200	Drive		M M / D D / Y
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.4337 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupatio Senior V	n P & Development Officer	1
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2349.96]
ſ	SUBTOTAL of Receipts This Page (optional)		······	783.32

SCHEDULE	A (FEC Form 3X ECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/28 (check only one) X X 11a 11b 11c 12 13 14 15 16
Any information cop or for commercial p	ied from such Reports and urposes, other than using	d Statements may	└ y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MITTEE (In Full) ALTHCARE, INC. GO	VERNMENT A	FFAIRS COMMITTEE	
Warren Smith	First, Middle Initial)			Date of Receipt
Mailing Address	501 Corporate Cent Suite 200	re Drive		$ \begin{bmatrix} M & M \\ 0 & 7 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
City		State	Zip Code	Transaction ID: SA11AI.4342
Franklin FEC ID number federal political c			37067	Amount of Each Receipt this Period 35.25
Name of Employ Capella Healthca		Occupatio	n Finance Officer	_
Receipt For: Primary Other (spe	General cify) ▼	·	2 Year-to-Date ▼ 282.00]
Warren Smith	First, Middle Initial)			Date of Receipt
Mailing Address	501 Corporate Cent Suite 200	re Drive		0 8 / D / Y Y Y Y 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.4343
Franklin FEC ID number federal political c		TN	37067	Amount of Each Receipt this Period 35.25
Name of Employ Capella Healthca	er are	Occupatio Hospital	n Finance Officer	_
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	e Year-to-Date ▼ 317.25]
Full Name (Last, Warren Smith	First, Middle Initial)			Date of Receipt
Mailing Address	501 Corporate Cent Suite 200	re Drive		M M / D D / Y Y Y Y 10 03 2007
City <u>Franklin</u>		State TN	Zip Code 37067	Transaction ID: SA11AI.4344 Amount of Each Receipt this Period
FEC ID number federal political c		C		70.50
Name of Employ Capella Healthca	er are	Occupatio Hospital	n Finance Officer	
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	e Year-to-Date V 387.75	
SUBTOTAL of Re	ceipts This Page (optional)		141.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one)
	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 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	
. Z	Full Name (Last, First, Middle Initial) Warren Smith	Drive		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		1 2 / D D / Y Y Y Y 1 2 0 0 7
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.4345
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 35.25
	Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 423.00]
. –	Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			M M / D / Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4338
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Capella Healthcare	Occupation Senior V	n P & General Counsel	—
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1600.00]
_	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 08 20 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4339 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Capella Healthcare	Occupation Senior V	n P & General Counsel	_
	Receipt For: Primary General Other (specify) ▼	1 I	Year-to-Date 1800.00	
Γ	SUBTOTAL of Receipts This Page (optional)			435.25

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 28 (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 not be sold or used by any pe 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. GOVI	ERNMENT AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre	Drive	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	10 ^{/ D D} / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: SA11AI.4340
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	2200.00	
_	Full Name (Last, First, Middle Initial) Howard Wall	1	Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 12 31 2007
	City	State Zip Code	Transaction ID: SA11AI.4341
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
_	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 07 27 2007
	City	State Zip Code	Transaction ID: SA11AI.4354
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	56.69
	Name of Employer Capella Healthcare	Occupation Hospital Chief Nursing Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 453.52	
Γ	SUBTOTAL of Receipts This Page (optional)	1	656.69

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 28 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 1				
Any information co or for commercial p	pied from such Reports and Sta purposes, other than using the n	on for the purpose of soliciting contributions o solicit contributions from such committee.						
	IMITTEE (In Full) EALTHCARE, INC. GOVEF							
. Carolyn Williams		Date of Receipt						
Mailing Address	501 Corporate Centre D Suite 200	08 / D D / Y Y Y Y 20 / 2007						
City		State	Zip Code	Transaction ID: SA11AI.4355				
Franklin FEC ID number federal political		TN C	37067	Amount of Each Receipt this Period 56.69				
Name of Emplo Capella Healthd	yer are	Occupatio Hospital	n Chief Nursing Officer					
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 510.21]				
Full Name (Last Carolyn Williams	;, First, Middle Initial)	Date of Receipt						
Mailing Address	501 Corporate Centre D Suite 200	M M / D D / Y Y Y Y 10 / 03 / 2007						
City Franklin		State TN	Zip Code 37067	Transaction ID: SA11AI.4357				
FEC ID number	of contributing committee.	C		Amount of Each Receipt this Period				
Name of Emplo Capella Healthd	yer eare	Occupatio Hospital	n Chief Nursing Officer					
Receipt For: Primary Other (sp	General ecify) ▼	4 ·	Year-to-Date ▼ 623.59]				
Full Name (Last Carolyn Williams	, First, Middle Initial)			Date of Receipt				
Mailing Address	501 Corporate Centre D Suite 200	rive		M M / D D / Y Y Y Y 12 31 2007				
City Franklin		State TN	Zip Code 37067	Transaction ID: SA11AI.4358 Amount of Each Receipt this Period				
FEC ID number federal political		С		56.69				
Name of Emplo Capella Healthd	yer are	Occupatio Hospital	n Chief Nursing Officer					
Receipt For: Primary Other (sp	General ecify) ▼		Year-to-Date ▼ 680.28					
SUBTOTAL of Re	eceipts This Page (optional)			226.76				
			•	9360.75				

	SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	TS for eac Detaile	eparate schedule(s) h category of the ed Summary Page	(check only X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b					
	Any Information copied from such Reports or for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. (GOVERNMENT A	FFAIRS COMMI ⁻	TTEE						
A.	Full Name (Last, First, Middle Initial) KraftCPAs PLLC		Transaction ID: SB21B.4374 Date of Disbursement							
	Mailing Address 555 Great Circl Suite 200	e Road			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\$					
	City Nashville	State TN	Zip Code 37228		Amount of Each Disbursement this Period					
	Purpose of Disbursement accounting fees				280.00					
	Candidate Name			Category/ Type						
	Office Sought: House Senate President	Disbursement For Primary Other (s								
	State: District:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

	SUBTOTAL of Disbursements This Page (optional)	•	280.00
	TOTAL This Period (last page this line number only)	►	280.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:		PAGE	27 / 2	28
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	21b 27	22 X 23 28a 28		24 28c	25 29	$\left - \right $
hy Information copied from such Reports and Staten for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERN	MENT AFFAIRS COMM	ITTEE					
Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC			Transaction Date of Disb	ursemen			
Mailing Address 228 S WASHINGTON S	0 ⁸ /	^D 2 8	Ý Ž	0 ð 7	, Y		
City ALEXANDRIA	State Zip Code VA 22314		Amount of E	ach Disb			-
Purpose of Disbursement contribution						000.0	0
Candidate Name Office Sought: House Disburse	ement For: 2008	Category/ Type					
	Primary General Other (specify) ▼						
Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITAL		Transaction Date of Disb	ursemen	t		N	
Mailing Address 801 PENNSYLVANIA AV SUITE 245		11 ¹	^D 12	Ź	0 ð 7	, Y	
City WASHINGTON	StateZip CodeDC20004		Amount of E	ach Disb			
Purpose of Disbursement PAC to PAC contribution Candidate Name					2	000.0	0
		Category/ Type					
Senate President	ement For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial) ORRINPAC			Transaction Date of Disb				
Mailing Address 175 S. WEST TEMPLE	SUITE 650		09 ^M /	^D 1 4	Ý Ý Ý	0 ð 7	, Y
City SALT LAKE CITY	State Zip Code UT 84101		Amount of E	ach Disb			
Purpose of Disbursement PAC to PAC contribution Candidate Name			L		1	000.0	U
		Category/ Type					
Senate President	ement For: Primary General Other (specify)						
State: District:							•
SUBTOTAL of Disbursements This Page (optional)		····· ►			40	0.00	U .
FOTAL This Period (last page this line number only)					40	0.00	0

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

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	NAME OF COMM	-	<u> </u>					ee to so	licit d	contril	butio	ons fro	om s	uch c	omm	ittee		
Α.	A. Full Name (Last, First, Middle Initial) Washington Hospital PAC Mailing Address 300 Elliott Avenue West Suite 300								D		f Dis	sburse		29.43 nt / Y		0 [°] 0 7	Y	
	City Seattle Purpose of Disbur PAC to PAC	sement	Sta W		Zip Code 98119		v		A	mour	nt of	Each	Dist	ourser	-	this P 00.00	-	d
	Candidate Name Office Sought: State:	House Senate President District:		nt For: rimary ther (spe	Gen cify) ▼		Categ Typ	-										

	SUBTOTAL of Disbursements This Page (optional)	•	1000.00
	TOTAL This Period (last page this line number only)	►	1000.00
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