04/15/2010 10:40

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 501 CORPORATE CENTRE DRIVE STE 200 ADDRESS (number and street) Check if different than previously **FRANKLIN** TN 37067 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421420 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay Type or Print Name of Treasurer Electronically Filed by Eugene A. (Tony) Fay 04 13 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 24

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE м м 0 1 м м 0 3 ^D 31 D D 2010 2010 0 1 Report Covering the Period: To: From:

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a) Cash on Hand January 1 2010 Y Y Y		25601.19
(b) Cash on Hand at Begining of Reporting Period	25601.19	
(c) Total Receipts (from Line 19)	13161.92	13161.92
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38763.11	38763.11
Total Disbursements (from Line 31)	15472.50	15472.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23290.61	23290.61
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 24

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

м м 0 1

0 1

2010

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м м 0 3 ^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10375.08	10375.08
	(ii) Unitemized	2786.84	2786.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	13161.92	13161.92
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13161.92	13161.92
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
((Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	13161.92	13161.92
	otal Federal Receipts subtract Line 18(c) from Line 19)	13161.92	13161.92

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 24

	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
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	470.50	470.50
	Expenditures	472.50	472.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	472.50	472.50
2	Transfers to Affiliated/Other Party	472.00	472.30
	Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	11000.00	11000.00
1.	Independent Expenditure	0.00	0.00
	(use Schedule E)	0.00	0.00
<i>)</i> .	Coordinated Experiolities Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		3.33
3.	Loan Repayments Made	0.00	0.00
	1,10		
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	4000.00	4000.00
^	Fordered Floation Activity (OLLS C 421/20))		
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
	· ·	2.22	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))		
1.	Total Disbursements (add Lines 21(c), 22,		
-	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15472.50	15472.50
_	Total Federal Disbursements		
2.			
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	15472.50	15472.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 24

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Fotal Contributions (other than loans) rom Line 11(d), page 3)	13161.92	13161.92
_	Fotal Contribution Refunds from Line 28(d))	0.00	0.00
	let Contributions (other than loans) subtract Line 34 from Line 33)	13161.92	13161.92
	Fotal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	472.50	472.50
	Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
	let Operating Expenditures subtract Line 37 from Line 36)	472.50	472.50

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Cent Suite 200	tre Drive		Date of Receipt 0 2 0 1 0
City Brentwood FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5168 Amount of Each Receipt this Period 750.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation President	rear-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Cent Suite 200 City Brentwood	tre Drive State TN	Zip Code 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation President	/ear-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Steven R. Brumfield Mailing Address 501 Corporate Cent Suite 200 City Franklin	tre Drive State TN	Zip Code 37067	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Capella Health, Inc. Receipt For: Primary General Other (specify)		dent/Assistant PAC Treasu /ear-to-Date ▼ 273.00	273.00 rer
SUBTOTAL of Receipts This Page (optional	J)		1273.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		03 31 2010
	City	State	Zip Code	Transaction ID: SA11AI.5171
	<u>Franklin</u>	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 Pre	n sident/Assistant PAC Treasu	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		364.00	
	Full Name (Last, First, Middle Initial) Rick Charbonneau			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			03 / 31 / 2010
	City State		Zip Code	Transaction ID: SA11AI.5208
	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	_ '	aged Care	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		220.00	
	Full Name (Last, First, Middle Initial) S. Ray Coffey	- I		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			02 28 2010
	City	State TN	Zip Code	Transaction ID: SA11AI.5174
	Franklin	IIV	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		231.84
	Name of Employer Capella Healthcare		vernment Programs	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		231.84	
	SUBTOTAL of Receipts This Page (optional)	1		377.84

Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Cocupation VP & Government Programs	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Full Name (Last, First, Middle Initial) S. Ray Coffey Malling Address 501 Corporate Centre Drive Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capelia Healthicare Occupation VP & Government Programs Receipt For: Aggregate Year-to-Date ▼ FILL Name (Last, First, Middle Initial) Beverty Craig Malling Address 501 Corporate Centre Drive Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capelia Healthcare VP & Quelity Management Receipt For: Primary General Other (specify) ▼ Occupation VP & Quelity Management Receipt For: Primary General Other (specify) ▼ Occupation VP & Quelity Management Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.5176 Amount of Each Receipt this Peric Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.5177 Amount of Each Receipt this Peric Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11AI.5177 Amount of Each Receipt this Peric Transaction ID: SA11AI.5177 Amount of Each Receipt this Peric Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capelial Healthcare Occupation VP & Government Programs Receipt For: Other (specify) ▼ Occupation VP & Government Programs Beverly Craig Malling Address S01 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capelial Healthcare Occupation VP & Quality Management Receipt For: Occupation VP & Quality Management Receipt For: Other (specify) ▼ Occupation VP & Quality Management Receipt For: Occupation VP & Quality Management Receipt For: Other (specify) ▼ Occupation VP & Quality Management Receipt For: Other (specify) ▼ Occupation VP & Quality Management Receipt For: Occupation VP & Quality Management Re	Full Name (Last, First, Middle Initial)		Date of Receipt
Franklin TN 37067 FEC ID number of contributing tederal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverty Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing tederal political committee. Name of Employer Capella Healthcare Primary General Occupation VP & Quality Management Receipt For: Primary General Other (specify) ▼ State Zip Code TN 37067 FEC ID number of contributing tederal political committee. Date of Receipt Transaction ID: SA11AI.5176 Amount of Each Receipt this Peric S25. Transaction ID: SA11AI.5176 Amount of Each Receipt this Peric S25. Date of Receipt Transaction ID: SA11AI.5176 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5176 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5176 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25. Date of Receipt Transaction ID: SA11AI.5177 Amount of Each Receipt This Peric S25.	Suite 200		03 31 2010
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Primary General Other (specify) ▼ Primary General Primary	-		
Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing		77.28
Primary General Other (specify) ▼ 309.12 Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	Name of Employer Capella Healthcare	·	
Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ City State Zip Code Transaction ID: SA11Al.5176 Amount of Each Receipt this Peric 225. Date of Receipt Transaction ID: SA11Al.5176 Amount of Each Receipt this Peric 225. Date of Receipt Transaction ID: SA11Al.5176 Amount of Each Receipt this Peric 225. Date of Receipt Transaction ID: SA11Al.5177 Date of Receipt Transaction ID: SA11Al.5177 Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Date of Receipt Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Transaction ID: SA11Al.5177 Amount of Each Receipt this Peric 25. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General 300.00	Primary General	309.12	
Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Other (specify) ▼ C	Beverly Craig	1	Date of Receipt
Franklin TN 37067 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverty Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric Amount of Each Receipt this Peric Transaction ID Each Receipt this Peric Amount of Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric Amount of Each Receipt this Peric M M J 3 1 2 0 Transaction ID Each Receipt this Peric Amount of Each Receipt this	Suite 200		02 28 2010
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AI.5177 Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation VP & Quality Management Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation VP & Quality Management Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼	•	'	
Capella Healthcare VP & Quality Management	FEC ID number of contributing		225.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Name of Employer Capella Healthcare		
Mailing Address 501 Corporate Centre Drive Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Date of Receipt N M M O 3 1 3 1 7 2 0 0 Transaction ID: SA11AI.5177 Amount of Each Receipt this Perion To 2 0 0 Transaction ID: SA11AI.5177 Amount of Each Receipt this Perion Aggregate Year-to-Date ▼ 300.00	Primary General		
Suite 200 City State Zip Code Transaction ID: SA11AI.5177 Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Occupation VP & Quality Management Aggregate Year-to-Date ▼ 300.00			Date of Receipt
Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Occupation VP & Quality Management Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Mailing Address 501 Corporate Centre Suite 200	Drive	
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) Other (specify) Occupation VP & Quality Management Aggregate Year-to-Date 300.00	•	•	
Receipt For: Primary Other (specify)	FEC ID number of contributing		75.00
Primary General Other (specify) ▼ 300.00	Name of Employer Capella Healthcare		
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) .		377.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patty Doles Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary Other (specify)	State Zip Code TN 37067 C Occupation Hospital CFO Aggregate Year-to-Date 212.49	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Patty Doles Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Hospital CFO Aggregate Year-to-Date 283.32	Date of Receipt M M D D D 2010 Transaction ID: SA11AI.5210 Amount of Each Receipt this Period 70.83
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare, Inc. Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Vice President Aggregate Year-to-Date 255.00	Date of Receipt M M D D 28 2010 Transaction ID: SA11AI.5178 Amount of Each Receipt this Period 255.00
SUBTOTAL of Receipts This Page (optional) .	·	538.32

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one) X
or for commercial purposes, other	than using 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.
NAME OF COMMITTEE (In F	•	AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Eugene A. (Tony) Fay Mailing Address 501 Corpo			Date of Receipt
Suite 200	orate Centre Drive		03 31 2010
City	State	Zip Code	Transaction ID: SA11AI.5179
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.	Occupation Vice Pre		
Receipt For:		e Year-to-Date ▼	
Primary Gener Other (specify) ▼	al Transfer	340.00	
Full Name (Last, First, Middle Robert Hammond	Initial)		Date of Receipt
Suite 200	orate Centre Drive		02 28 2010
City	State	Zip Code	Transaction ID: SA11AI.5180
Franklin FEC ID number of contributing	TN	37067	Amount of Each Receipt this Period
federal political committee.	C		375.00
Name of Employer Capella Healthcare	Occupation Division		
Receipt For:		e Year-to-Date ▼	
Primary Gener Other (specify) ▼	al	375.00	
Full Name (Last, First, Middle Robert Hammond	Initial)		Date of Receipt
Suite 200	orate Centre Drive		03 / 31 / 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5181
FEC ID number of contributing federal political committee.		3/06/	Amount of Each Receipt this Period
Name of Employer Capella Healthcare	Occupation		
Receipt For:		Year-to-Date ▼	
Primary Gener Other (specify) ▼	al	500.00	
SUBTOTAL of Receipts This Pa	Inge (optional)		585.00
TOTAL This Period (last page th			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	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	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200 City	State	Zip Code	0 2 2 8 2 0 1 0 Transaction ID: SA11AI.5241
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
- 3.	Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			03 / 31 / 2010
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5242
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 125.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) Brian Hitchcock	l		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 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5184
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 256.44
	Name of Employer Capella Healthcare	Occupation VP & Ma	n Iterials Management	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 256.44	
	SUBTOTAL of Receipts This Page (optional)	I		756.44
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to VERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Hitchcock Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General		Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Under (specify) ▼ Full Name (Last, First, Middle Initial) Jerry Mabry Mailing Address 501 Corporate Centre Suite 200 City Franklin		Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation Hospital CEO Aggregate Year-to-Date 300.00	300.00
Full Name (Last, First, Middle Initial) Jerry Mabry Mailing Address 501 Corporate Centure Suite 200 City Franklin FEC ID number of contributing	re Drive State Zip Code TN 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Hospital CEO Aggregate Year-to-Date 400.00	
SUBTOTAL of Receipts This Page (optional)	485.48

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any protection the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve Mahan Mailing Address 501 Corporate Centu	ro Dr. Sto 200	Date of Receipt
City	State Zip Code	0 2 2 8 2 0 1 0 Transaction ID: SA11AI.5219
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
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) Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200		02 28 2010
City	State Zip Code	Transaction ID: SA11Al.5233
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 390.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt
Mailing Address 501 Corporate Centri Suite 200	re Drive	03 31 2010
City <u>Franklin</u>	State Zip Code TN 37067	Transaction ID: SA11AI.5234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)	820.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	
CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		02 28 2010
City	State	Zip Code	Transaction ID: SA11AI.5225
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		375.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	375.00	
Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		03 31 2010
City	State	Zip Code	Transaction ID: SA11AI.5226
<u>Franklin</u>	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		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
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 Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5215
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		······	800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sun	schedule(s) gory of the mary Page (check	INE NUMBER: PAGE 15 / 24 only one) 1a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G		sed by any person for the ical committee to solicit co	
Full Name (Last, First, Middle Initial) John McLain Mailing Address 501 Corporate Cer		Dat M	te of Receipt
City Franklin	State Zip Code TN 37067		nsaction ID: SA11AI.5216 ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation Hospital CEO Aggregate Year-to-Date	400.00	
Full Name (Last, First, Middle Initial) Mark Medley Mailing Address 501 Corporate Cer	ntre Drive	M	te of Receipt
Suite 200 City	State Zip Code		nsaction ID: SA11AI.5186
Franklin	TN 37067		ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		450.00
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		Dat	te of Receipt
Mailing Address 501 Corporate Cer Suite 200		0	
City Franklin	State Zip Code TN 37067		nsaction ID: SA11AI.5187
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Capella Healthcare	Occupation Division CFO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	600.00	
SUBTOTAL of Receipts This Page (option	al)		700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200		7:n Code	02 28 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07007	225.00
Name of Employer Capella Healthcare	Occupation Division		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200			03 / 31 / 2010
City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5189
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation Division		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Elisa Moylan			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200			03 / 31 / 2010
City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5212
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 60.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	al)		360.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			02 28 2010
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.5204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07007	320.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
. –	Full Name (Last, First, Middle Initial) Dan Slipkovich Mailing Address 501 Corporate Centre	Drive		Date of Receipt
	Suite 200			02 28 2010
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5190 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,007	750.00
	Name of Employer Capella Healthcare Company	Occupatio Chief Exc	n ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Dan Slipkovich	l		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		03 / 31 / 2010
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5191
	FEC ID number of contributing federal political committee.	C	3/06/	Amount of Each Receipt this Period 250.00
	Name of Employer Capella Healthcare Company	Occupatio Chief Exc	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1320.00

SCHEDULE A (FI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one) X
		may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE CAPELLA HEALTHO	E (In Full) CARE, INC. GOVERNMEN	T AFFAIRS COMMITTEE	
Full Name (Last, First, N D. Andrew Slusser	fliddle Initial)		Date of Receipt
Suite	Corporate Centre Drive e 200 State	7:- Ondo	02 28 2010
City Franklin	TN	e Zip Code 37067	Transaction ID: SA11AI.5192 Amount of Each Receipt this Period
FEC ID number of contr federal political committee	ibuting		587.49
Name of Employer Capella Healthcare	Occup Senio	ation r VP & Development Officer	
Receipt For: Primary Other (specify) ▼		gate Year-to-Date ▼ 587.49	
Full Name (Last, First, N	fiddle Initial)		Date of Receipt
Suite	Corporate Centre Drive 200		03 / 31 / Y Y Y Y Y Y Y
City	State	'	Transaction ID: SA11AI.5193
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			195.83
Name of Employer Capella Healthcare	Occup Senio	ation r VP & Development Officer	
Receipt For:		gate Year-to-Date ▼	
Primary Other (specify) ▼	General	783.32]
Full Name (Last, First, M Wendell Van Es	fiddle Initial)		Date of Receipt
Mailing Address 501 Suite	Corporate Centre Drive e 201		03 / 31 / 2010
City	State		Transaction ID: SA11AI.5236
Franklin	TN.	37067	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			58.40
Name of Employer Capella Healthcare		tal CFO	
Receipt For: Primary	Aggre General	gate Year-to-Date ▼	1
Other (specify)		233.60	
	his Page (optional)		841.72

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/24 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Cen	tre Drive, Ste 20	0	02 28 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5198 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		405.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Cen	tre Drive, Ste 20	0	03 31 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5199
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Jim Wiseman			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive		0 2 2 8 2 0 1 0
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5200 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.001	240.00
Name of Employer Capella Healthcare	Occupation VP of Ta		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional			780.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and addres	ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jim Wiseman			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200		The Oads	03 / 31 / 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	80.00
Name of Employer Capella Healthcare	Occupation VP of Tax		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Lee Yuill			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200	e Drive		02 28 2010
City	State	Zip Code	Transaction ID: SA11AI.5202
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer Capella Healthcare	Occupation VP of Intern	nal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Lee Yuill			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200	e Drive		03 31 2010
City	State	Zip Code	Transaction ID: SA11AI.5203
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 Intern		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)			360.00
TOTAL This Period (last page this line numbe	r only)		10375.08

Image# 10990538674

State:

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District:

_			034															
	CHEDULE B (, I	Use separate schedule(s)			R LINE NUMBER: PAG							GE 21 / 24				
IT	EMIZED DISE	BURSEMEN	ITS	Detailed Summary Page X 2				21b 27	П	22 28a	П	23 28b		24 28c	Н	25 29		26 30b
	y Information copied for commercial purpos																	
\	NAME OF COMMIT	TEE (In Full)																
/	CAPELLA HEALT	HCARE, INC. (GOVERNM	IENT AFI	FAIRS COMN	ИITTE	ΞE											
	Full Name (Last, Firs KraftCPAs PLLC	st, Middle Initial)								Trans Date o		sburs	eme				Υ	
		555 Great Circ Suite 200	le Road							0 3			9		. 2	0 1 0		
	City Nashville			State ΓN	Zip Code 37228					Amou	nt of	Each	Dis	burser				d
	Purpose of Disburse accounting fees	ment								L.	_	_			3	20.00	-	
	Candidate Name						ateg Typ	ory/ e										
	Office Sought:	House Senate President	1	nent For: Primary Other (spe	General	l												
		I I COIUCIIL			JULIA / A				1									

		200.00
SUBTOTAL of Disbursements This Page (optional)		320.00
TOTAL This Period (last page this line number only)	•	320.00

TEMIZED DISBURSEMENTS tor each category of the	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1 -	NUMBER:	PAGE 22/24
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS Mailing Address PO Box 1924 City State Zip Code OK 74402 Purpose of Disbursement contribution Candidate Name COOPER FOR CONGRESS Office Sought: X House President State: C/O Davidson Golden & Lundy P.C. P.O. Box 927 City State Zip Code Other (specify) ▼ Transaction ID: SB23,5254 Date of Disbursement this Period Transaction ID: SB23,5254 Date of Disbursement this Period Transaction ID: SB23,5254 Date of Disbursement this Period Transaction ID: SB23,5259 Date of Disbursement this Period Tra	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23	
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS Mailing Address PO Box 1924 City State Zip Code Muskogee OK 74402 Purpose of Disbursement contribution Candidate Name President State: OK District: 02 Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE Mailing Address of Disbursement Contribution Candidate Name Disbursement For: 2010 X Primary General Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: SB23.5254 Date of Disbursement this Period Category/ Type Amount of Each Disbursement Office Sought: X House Senate President State: TN District: 05 Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE Office Sought: X House Senate President State: TN District: 05 Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SulTE 245 City State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Disbursement For: Category/ Type Office Sought: State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Zip Code WASHINGTON DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Zip Code DC 20004 Purpose of Disbursement Indicated Name Office Sought: State Disbursement Tor: Senate President Indicated Name Office Sought: Senate President Indicated Name Office Sought: Senate President Indicated Name Office Sought: Disbursement Tor: Senate President Indicated Name Office Sought: Senate President Indicated Name Office Sought Senate President Indica					
Mailing Address PO Box 1924	l \	NMENT AFFAIRS COMM	IITTEE		
City	,			_	
Muskogee OK 74402 Purpose of Disbursement contribution Candidate Name BOREN FOR CONGRESS Office Sought:	Mailing Address PO Box 1924			03	Y ŽOŽOŠ
Contribution Candidate Name BOREN FOR CONGRESS Office Sought:				Amount of Each Disk	
Office Sought:	contribution				1000.00
Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE Mailing Address c/o Davidson Golden & Lundy P.C. P.O. Box 927 City State Zip Code Brentwood TN 37024 Purpose of Disbursement Contribution Candidate Name COOPER FOR CONGRESS COMMITTEE Office Sought: Newson Solden & Lundy P.C. Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON DC 20004 Purpose of Disbursement for: 2010 Malling Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON DC 20004 Purpose of Disbursement for: 2000 Malling Address 801 PENNSYLVANIA AVENUE SUITE 245 City Category/ Type Office Sought: House President State: District: Dis	BOREN FOR CONGRESS	sement For: 2010			
Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE Mailing Address c/o Davidson Golden & Lundy P.C. P.O. Box 927 City Brentwood TN 37024 Purpose of Disbursement contribution Candidate Name COOPER FOR CONGRESS COMMITTEE Office Sought: State: TN District: 05 Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON Purpose of Disbursement fundraiser Candidate Name Office Sought: House Senate Disbursement For: 2010 X Primary General Other (specify) ▼ Transaction ID: SB23.5251 Date of Disbursement Transaction ID: SB23.5251 Date of Disbursement M1	Senate President	X Primary General			
City Brentwood Brentwood TN 37024 Purpose of Disbursement contribution Candidate Name COOPER FOR CONGRESS COMMITTEE Office Sought: X House President President State: TN District: 05 Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City WASHINGTON DC 20004 Purpose of Disbursement for: Category/ Type Transaction ID: SB23.5251 Date of Disbursement M 1	Full Name (Last, First, Middle Initial)	EE		Date of Disbursemen	
Brentwood TN 37024 Purpose of Disbursement contribution Candidate Name COOPER FOR CONGRESS COMMITTEE Office Sought: X House Senate Primary General Mailing Address 801 PENNSYLVANIA AVENUE City SulTE 245 City WASHINGTON DC 20004 Purpose of Disbursement for: 2ip Code WASHINGTON DC 20004 Purpose of Disbursement for: 2ip Code Under Specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Type Disbursement For: 2010 Transaction ID: SB23.5251 Date of Disbursement M M M / 2 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Perior Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: District:		Lundy P.C.		02 7	^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
Candidate Name COOPER FOR CONGRESS COMMITTEE Office Sought:	Brentwood			Amount of Each Disl	
COOPER FOR CONGRESS COMMITTEE Office Sought:	contribution				1500.00
Senate President Other (specify) ▼ State: TN District: 05 Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City State Zip Code WASHINGTON DC 20004 Purpose of Disbursement fundraiser Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: State Disbursement For: Senate Primary General Other (specify) ▼ State: District:	COOPER FOR CONGRESS COMMITTE				
Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245 City State Zip Code WASHINGTON DC 20004 Purpose of Disbursement fundraiser Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Transaction ID: SB23.5251 Date of Disbursement 0 1	Senate President	X Primary General			
SUITE 245 City WASHINGTON DC 20004 Purpose of Disbursement fundraiser Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: State: District:	Full Name (Last, First, Middle Initial)	ALS PAC			
City State Zip Code DC 20004 Purpose of Disbursement fundraiser Candidate Name Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Sought: General Other (specify) ▼		VENUE		01 26	2010
fundraiser Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:				Amount of Each Disl	
Office Sought: House Senate Primary General Other (specify) State: District:	fundraiser		Category		5000.00
Senate □ Primary □ General □ President □ District: □ District: □ Primary □ General □ Other (specify) ▼		annest For			
7500.00	Senate President	Primary General			
SUBTUTAL or Dispursements This Page (optional)		0			7500.00
	SUBTOTAL of Disbursements This Page (optional	l)	··············		7 300.00

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В.

President

District: 00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	PAGE 23 / 24	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 🛛 23 🗍	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by	y any person fo	or the purpose of soliciticity contributions from s	ng contributions uch committee
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNI				
Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE			Transaction ID: Since Date of Disbursement 0 3	
Mailing Address P.O. BOX 1948			0 3 1 9	2010
•	State Zip Code ID 83701		Amount of Each Disk	oursement this Period
Purpose of Disbursement contribution				2500.00
Candidate Name MIKE CRAPO FOR US SENATE		Category/ Type		
	ment For: 2010 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) UDALL FOR COLORADO			Transaction ID: SI	nt
Mailing Address PO BOX 40158			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2010
<i>y</i>	State Zip Code CO 80204		Amount of Each Disk	
Purpose of Disbursement contribution				1000.00
Candidate Name		Category/ Type		
X	ment For: 2010 Primary General			

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	•	11000.00

Other (specify)

State: CO

A.

В.

District:

ago;; 1000000011		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		PAGE 24 / 24 only one) 22 23 24 25 26 28c X 29 30b
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	MENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Bill Haslam for Governor Mailing Address 1015 Stonebridge Park D	rive	Transaction ID: SB29.5248 Date of Disbursement O 1 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code TN 37069	Amount of Each Disbursement this Period
Purpose of Disbursement contributtion Candidate Name Bill Haslam for Governor Office Sought: House Disburse Senate	Category/ Type ment For: 2010 Primary General	1000.00
President State: TN District:	Other (specify) ▼	
Full Name (Last, First, Middle Initial) Friends of THA		Transaction ID: SB29.5252 Date of Disbursement
Mailing Address 500 Interstate Blvd, S		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	State Zip Code TN 37210	Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser Candidate Name	Category/ Type	3000.00
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)		4000.00
TOTAL This Period (last page this line number only)	•	4000.00

State: