

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street) 501 CORPORATE CENTRE DRIVE STE 200 FRANKLIN TN 37067

2. FEC IDENTIFICATION NUMBER C00421420 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eugene A. (Tony) Fay

Signature of Treasurer Electronically Filed by Eugene A. (Tony) Fay Date 04 13 2010

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 Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		25601.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	15472.50	15472.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23290.61	23290.61								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(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
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13161.92	13161.92
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13161.92	13161.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13161.92	13161.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	472.50	472.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	472.50	472.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15472.50	15472.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15472.50	15472.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	13161.92	13161.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13161.92	13161.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	472.50	472.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	472.50	472.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
J. Thomas Anderson

Mailing Address 501 Corporate Centre Drive
Suite 200

City State Zip Code
Brentwood TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capella Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2010

Transaction ID: SA11AI.5168

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
J. Thomas Anderson

Mailing Address 501 Corporate Centre Drive
Suite 200

City State Zip Code
Brentwood TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capella Healthcare President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.5169

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
Suite 200

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capella Health, Inc. Vice President/Assistant PAC Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2010

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period
273.00

SUBTOTAL of Receipts This Page (optional) ► 1273.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Health, Inc. Occupation Vice President/Assistant PAC Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5171
 Amount of Each Receipt this Period 91.00

B. Full Name (Last, First, Middle Initial)
 Rick Charbonneau

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Company Occupation VP Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5208
 Amount of Each Receipt this Period 55.00

C. Full Name (Last, First, Middle Initial)
 S. Ray Coffey

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Government Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.84

Date of Receipt 02 / 28 / 2010
Transaction ID: SA11AI.5174
 Amount of Each Receipt this Period 231.84

SUBTOTAL of Receipts This Page (optional) ► **377.84**

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

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5175
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.12	

B.

Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5176
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5177
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation VP & Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	377.28
TOTAL This Period (last page this line number only)	

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Patty Doles
 Mailing Address 501 Corporate Centre Dr
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5209
 Amount of Each Receipt this Period
 212.49
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 212.49

B. Full Name (Last, First, Middle Initial)
 Patty Doles
 Mailing Address 501 Corporate Centre Dr
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.5210
 Amount of Each Receipt this Period
 70.83
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 283.32

C. Full Name (Last, First, Middle Initial)
 Eugene A. (Tony) Fay
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5178
 Amount of Each Receipt this Period
 255.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare, Inc. Occupation Vice President
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

SUBTOTAL of Receipts This Page (optional) ► **538.32**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5179
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare, Inc. Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Robert Hammond	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5180
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare Occupation: Division CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Robert Hammond	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5181
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Capella Healthcare Occupation: Division CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	585.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Bryan Hargis		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5241
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Bryan Hargis		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5242
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5184
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 256.44
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.44	

SUBTOTAL of Receipts This Page (optional)	756.44
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Brian Hitchcock

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.92

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5185
Amount of Each Receipt this Period 85.48

B.

Full Name (Last, First, Middle Initial)
Jerry Mabry

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2010
Transaction ID: SA11AI.5239
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Jerry Mabry

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5240
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 485.48

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Steve Mahan
 Mailing Address 501 Corporate Centre Dr Ste 200
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5219
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company Hospital CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

B. Full Name (Last, First, Middle Initial)
 Mike McCoy
 Mailing Address 501 Corporate Centre Drive Suite 200
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5233
 Amount of Each Receipt this Period
 390.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

C. Full Name (Last, First, Middle Initial)
 Mike McCoy
 Mailing Address 501 Corporate Centre Drive Suite 200
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.5234
 Amount of Each Receipt this Period
 130.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

SUBTOTAL of Receipts This Page (optional) ► 820.00
TOTAL This Period (last page this line number only) ►

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5225
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5226
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) John McLain		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Dr, Ste 200		Transaction ID: SA11AI.5215
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
John McLain

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Mark Medley

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.5186

Amount of Each Receipt this Period 450.00

C.

Full Name (Last, First, Middle Initial)
Mark Medley

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: SA11AI.5187

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dirk Morgan

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 28 / 2010
Transaction ID: SA11AI.5188
 Amount of Each Receipt this Period 225.00

B. Full Name (Last, First, Middle Initial)
Dirk Morgan

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5189
 Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
Elisa Moylan

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.5212
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5204		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 320.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Capella Healthcare Company		Occupation Hospital CEO		

Aggregate Year-to-Date ▼
320.00

B.	Full Name (Last, First, Middle Initial) Dan Slipkovich		Date of Receipt MM / DD / YYYY 02 / 28 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5190		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Capella Healthcare Company		Occupation Chief Executive Officer		

Aggregate Year-to-Date ▼
750.00

C.	Full Name (Last, First, Middle Initial) Dan Slipkovich		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5191		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Capella Healthcare Company		Occupation Chief Executive Officer		

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1320.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
D. Andrew Slusser

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 587.49

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.5192

Amount of Each Receipt this Period
587.49

B.

Full Name (Last, First, Middle Initial)
D. Andrew Slusser

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 783.32

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5193

Amount of Each Receipt this Period
195.83

C.

Full Name (Last, First, Middle Initial)
Wendell Van Es

Mailing Address 501 Corporate Centre Drive
Suite 201

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.60

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5236

Amount of Each Receipt this Period
58.40

SUBTOTAL of Receipts This Page (optional) ► **841.72**

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

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

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

FOR LINE NUMBER: PAGE 19 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Robert Wampler
 Mailing Address 501 Corporate Centre Drive, Ste 20
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5198
 Amount of Each Receipt this Period
 405.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company VP & Operations CFO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 405.00

B. Full Name (Last, First, Middle Initial)
 Robert Wampler
 Mailing Address 501 Corporate Centre Drive, Ste 20
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.5199
 Amount of Each Receipt this Period
 135.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company VP & Operations CFO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 540.00

C. Full Name (Last, First, Middle Initial)
 Jim Wiseman
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.5200
 Amount of Each Receipt this Period
 240.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare VP of Tax
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ► 780.00
TOTAL This Period (last page this line number only) ►

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5201
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 02 / 28 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5202
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5203
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	10375.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 24

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.	Full Name (Last, First, Middle Initial) KraftCPAs PLLC			Transaction ID: SB21B.5260	
	Mailing Address 555 Great Circle Road Suite 200			Date of Disbursement MM / DD / YYYY 03 / 09 / 2010	
	City Nashville	State TN	Zip Code 37228	Amount of Each Disbursement this Period 320.00	
	Purpose of Disbursement accounting fees		Category/ Type		
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State:	District:			

SUBTOTAL of Disbursements This Page (optional) ▶

320.00

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

320.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS	Transaction ID: SB23.5254 Date of Disbursement
	Mailing Address PO Box 1924	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Muskogee State OK Zip Code 74402	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name BOREN FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OK District: 02	

B.	Full Name (Last, First, Middle Initial) COOPER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5259 Date of Disbursement
	Mailing Address c/o Davidson Golden & Lundy P.C. P.O. Box 927	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1500.00"/>
	Candidate Name COOPER FOR CONGRESS COMMITTEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TN District: 05	

C.	Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC	Transaction ID: SB23.5251 Date of Disbursement
	Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE <hr/> Mailing Address P.O. BOX 1948 <hr/> City BOISE State ID Zip Code 83701 <hr/> Purpose of Disbursement contribution Candidate Name MIKE CRAPO FOR US SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5261 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) UDALL FOR COLORADO <hr/> Mailing Address PO BOX 40158 <hr/> City DENVER State CO Zip Code 80204 <hr/> Purpose of Disbursement contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5257 Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Bill Haslam for Governor

Transaction ID: SB29.5248
Date of Disbursement

Mailing Address 1015 Stonebridge Park Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	0

City Franklin State TN Zip Code 37069

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement contribution

--

Candidate Name
Bill Haslam for Governor

Category/Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District:

B.

Full Name (Last, First, Middle Initial)
Friends of THA

Transaction ID: SB29.5252
Date of Disbursement

Mailing Address 500 Interstate Blvd, S

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

City Nashville State TN Zip Code 37210

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement fundraiser

--

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

4000.00
