

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 501 CORPORATE CENTRE DRIVE STE 200  
 Check if different than previously reported. (ACC)  
FRANKLIN TN 37067

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
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 06 01 2010 through 06 30 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 07 16 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									
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**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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

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 .....	16650.61									
(c) Total Receipts (from Line 19) .....	8543.46	22205.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25194.07	47806.57								
7. Total Disbursements (from Line 31) .....	7060.00	29672.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18134.07	18134.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	7760.96	18636.04
(ii) Unitemized .....	782.50	3569.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8543.46	22205.38
(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) .....	8543.46	22205.38
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)) .....	8543.46	22205.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8543.46	22205.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	160.00	872.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	160.00	872.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6900.00	22300.00
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.....	0.00	6500.00
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))..	7060.00	29672.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7060.00	29672.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	8543.46	22205.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8543.46	22205.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.00	872.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	160.00	872.50

**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 6 / 19
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) J. Thomas Anderson		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5290		
	City Brentwood	State TN	Zip Code 37067	Amount of Each Receipt this Period 500.00	
	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		Occupation President	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phil Bandy		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5314		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 87.50	
	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		Occupation Hospital CFO	Aggregate Year-to-Date ▼ 262.50	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5293		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 182.00	
	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 Health, Inc.		Occupation Vice President/Assistant PAC Treasurer	Aggregate Year-to-Date ▼ 546.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	769.50
<b>TOTAL</b> 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 / 19  
(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)  
 Rick Charbonneau  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5319**  
 Amount of Each Receipt this Period 55.00  
 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 275.00

**B.** Full Name (Last, First, Middle Initial)  
 S. Ray Coffey  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5295**  
 Amount of Each Receipt this Period 154.56  
 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 463.68

**C.** Full Name (Last, First, Middle Initial)  
 Beverly Craig  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5296**  
 Amount of Each Receipt this Period 150.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Quality Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **359.56**  
**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 / 19  
(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)  
Janice Darnaby

Mailing Address 501 Corporate Centre, Ste 200

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee. C

Name of Employer  
Capella Healthcare Company

Occupation  
Hospital CNO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.96

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2010

**Transaction ID:** SA11AI.5322

Amount of Each Receipt this Period  
95.32

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Dolan

Mailing Address 501 Corporate Center Drive  
Suite 200

City State Zip Code  
Franklin TN 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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2010

**Transaction ID:** SA11AI.5330

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Patty Doles

Mailing Address 501 Corporate Centre Dr  
Suite 200

City State Zip Code  
Franklin TN 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 ▼  
424.98

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2010

**Transaction ID:** SA11AI.5320

Amount of Each Receipt this Period  
141.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">336.98</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19  
(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)  
Eugene A. (Tony) Fay

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

Mailing Address 501 Corporate Centre Drive  
Suite 200

Transaction ID: SA11AI.5297

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period  
170.00

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 ▼ 510.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Hammond

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

Mailing Address 501 Corporate Centre Drive  
Suite 200

Transaction ID: SA11AI.5298

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period  
250.00

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

Name of Employer Capella Healthcare Occupation Division CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

**C.**

Full Name (Last, First, Middle Initial)  
Bryan Hargis

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

Mailing Address 501 Corporate Centre Drive  
Suite 200

Transaction ID: SA11AI.5335

City Franklin State TN Zip Code 37067

Amount of Each Receipt this Period  
125.00

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 ▼ 625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **545.00**

**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 10 / 19  
(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 State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare VP & Materials Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 512.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.5300

Amount of Each Receipt this Period

170.96

**B.**

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

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 Healthcare Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.5334

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mike McCoy

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.5331

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional) .....

630.96

**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 / 19  
(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)  
 Tim McGill

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 ▼ 750.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5327**  
 Amount of Each Receipt this Period 250.00

**B.** 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 ▼ 600.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5323**  
 Amount of Each Receipt this Period 200.00

**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 ▼ 900.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5301**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

**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 12 / 19  
(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) Dirk Morgan		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5302
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5321
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5337
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.00</b>
<b>TOTAL</b> 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 13 / 19  
(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)  
 Christina Patterson  
 Mailing Address 501 Corporate Center Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2010  
**Transaction ID:** SA11AI.5324  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CFO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Dan Slipkovich  
 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  
 06 / 04 / 2010  
**Transaction ID:** SA11AI.5305  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Chief Executive Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

**C.** Full Name (Last, First, Middle Initial)  
 D. Andrew Slusser  
 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  
 06 / 04 / 2010  
**Transaction ID:** SA11AI.5306  
 Amount of Each Receipt this Period  
 391.66  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Senior VP & Development Officer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1174.98

**SUBTOTAL** of Receipts This Page (optional) ..... ► 991.66  
**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 / 19  
(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) Warren Smith		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5307
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.50
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.50	

**B.**

Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5336
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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 ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 501 Corporate Centre Drive Suite 201		<b>Transaction ID:</b> SA11AI.5332
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 116.80
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.30</b>
<b>TOTAL</b> 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 / 19  
(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)  
Howard Wall

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 & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5308**  
 Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Wampler

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5309**  
 Amount of Each Receipt this Period 270.00

**C.** Full Name (Last, First, Middle Initial)  
Denise Warren

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 & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 04 / 2010  
**Transaction ID: SA11AI.5338**  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2420.00

**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 / 19
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt																					
	Mailing Address 501 Corporate Centre Drive Suite 200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	4		2	0	1	0														
	City State Zip Code Franklin TN 37067		<b>Transaction ID:</b> SA11AI.5310																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00																						
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 ▼ 480.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt																					
	Mailing Address 501 Corporate Centre Drive Suite 200		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	4		2	0	1	0														
	City State Zip Code Franklin TN 37067		<b>Transaction ID:</b> SA11AI.5313																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00																						
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 ▼ 420.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7760.96</b>



**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 17 / 19

<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.5346  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

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

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

160.00
--------

Purpose of Disbursement  
accounting fees

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

160.00
--------

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

160.00
--------

**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 18 / 19

<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) COOPER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5339 Date of Disbursement
	Mailing Address c/o Davidson Golden & Lundy P.C. P.O. Box 927	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Brentwood State TN Zip Code 37024	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="2500.00"/>
	Candidate Name JAMES H. S. Jim COOPER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HERRON FOR CONGRESS	Transaction ID: SB23.5347 Date of Disbursement
	Mailing Address 142 WEST MAIN STREET	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City DRESDEN State TN Zip Code 38225	Amount of Each Disbursement this Period
	Purpose of Disbursement campaign	<input type="text" value="1000.00"/>
	Candidate Name ROY BRASFIELD HERRON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.5340 Date of Disbursement
	Mailing Address 76 MAGNOLIA TERRACE	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City SPRINGFIELD State MA Zip Code 01108	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraiser	<input type="text" value="1000.00"/>
	Candidate Name RICHARD E MR. NEAL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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

**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 19 / 19

<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)  
WYDEN FOR SENATE

Transaction ID: SB23.5343

Date of Disbursement

Mailing Address 232 NE 9TH AVENUE

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

City State Zip Code  
PORTLAND OR 97232

Amount of Each Disbursement this Period

2400.00
---------

Purpose of Disbursement  
fundraiser

--

Category/  
Type

Candidate Name  
RONALD LEE WYDEN

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

2400.00
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TOTAL This Period (last page this line number only) ..... ►

6900.00
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