12/01/2010 13:28

Image# 10992283747

# FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Us	se Only	
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AMENDED (A)		
Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
Oct 20 (M10)		Jan 31 (YE)
eral (12G)		Runoff (12R)
cial (12S)		
	in the State of	
off (30R)		Special (30S)
	in the State of	TN
2010		
lete.		
11 20		2010

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
1	CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS	S COMMITTEE		1
AD	DRESS (number and street)	501 CORPORATE CENT	RE DRIVE STE 200		
	Check if different than previously reported. (ACC)	FRANKLIN		TN 37067	]-
2.	FEC IDENTIFICATION NUM	BER ♥ CI	TY 🙇	STATE A ZIPC	ODE A
	C00421420		S THIS X NEW (N) OF	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Due On:	o 20 (M2) May 20 (M5) r 20 (M3) Jun 20 (M6)	Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q July 15 Quarterly Report(Q October 15 Quarterly Report(Q January 31 Quarterly Report(YI	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C) on on	Oct 20 (M10)  General (12G)  Special (12S)  in th State	
	July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	Post -Election Report for the:	X General (30G) on on 1 1 0 2	Runoff (30R)  2 0 1 0 in th State	- I IIV I
5.	Covering Period 1 0	14 2010	through 1 1	22 2010	
	ertify that I have examined this For or Print Name of Treasurer	Report and to the best of my kn Eugene A. (Tony) Fay	owledge and belief it is true, corre	ct and complete.	
Sig	nature of Treasurer Electron	nically Filed by Eugene A. (T	ony) Fay	Date 11 30	2010
NO	TE : Submission of false, error	neous, or incomplete informatio	on may subject the person signing	this Report to the penalties of 2	U.S.C 437g.
FF/	Office Use Only			FEC FO (Rev. 12/	

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 20

FEC Form 3X (Rev. 02/2003)

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

D D 10 14 2010 22 2010 11 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 25601.19 January 1 (b) Cash on Hand at 19389.30 Begining of Reporting Period ..... 3666.99 46712.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 23056.29 72313.79 6(a) and 6(c) for Column B) ..... 4256.00 53513.50 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 18800.29 18800.29 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 20

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

м м 1 0 1 4 м°м 1 1 2<sup>D</sup>2 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3251.99 41600.76 (i) Itemized (use Schedule A) ...... 415.00 5111.84 (ii) Unitemized ..... (iii) TOTAL (add 3666.99 46712.60 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 3666.99 46712.60 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) .....

0.00

0.00

3666.99

3666.99

0.00

0.00

46712.60

46712.60

(b) Levin Funds (from Schedule H5) ......

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) ......

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 20

	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		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	256.00	2000 50
	Expenditures(c) Total Operating Expenditures	256.00	2088.50
	(add 21(a)(i), (a)(ii) and (b))	256.00	2088.50
22.	Transfers to Affiliated/Other Party		
23.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	2500.00	37800.00
24.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	125.00
	(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	125.00
	(add Ellies Es(a), (s), and (s))		
9.	Other Disbursements	1500.00	13500.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4256.00	53513.50
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	4256.00	53513.50

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 20

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)	3666.99	46712.60
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	3666.99	46587.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	256.00	2088.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	256.00	2088.50

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# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20 (check only one)    X   11a
or 1	y information copied from such Reports and Si or 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 o solicit contributions from such committee.
<u>/_</u> A.	Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre I	Drive		Date of Receipt  1 1 0 7 2 0 1 0
	Suite 200 City	State TN	Zip Code	Transaction ID: SA11AI.5539
	Brentwood  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 250.00
	Name of Employer Capella Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation President Aggregate		
3.	Full Name (Last, First, Middle Initial) Bruce Baldwin Mailing Address 501 Corporate Centre I	Drive		Date of Receipt
	Suite 200 City	1 1 0 7 2 0 1 0 Transaction ID: SA11Al.5559		
	Brentwood TN  FEC ID number of contributing federal political committee.		37027	Amount of Each Receipt this Period 140.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 1120.00	
	Full Name (Last, First, Middle Initial) John Bradford			Date of Receipt
	Mailing Address 501 Corporate Centre I	Drive		M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 0 7 2 0 1 0
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5540  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07007	40.00
	Name of Employer Capella Healthcare	Occupation Legal Or	n os Director	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 320.00	
ei ei	JBTOTAL of Receipts This Page (optional)			430.00

ITEMIZED R	ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information coor for commercial p	pied from such Reports and ourposes, other than using	d Statements may the name and add	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.
<b>\</b>	MITTEE (In Full) EALTHCARE, INC. GO	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last Steven R. Brumf	, First, Middle Initial)			Date of Receipt
Mailing Address		1 1 0 7 2 0 1 0		
City	Gaile 200	State	Zip Code	Transaction ID: SA11AI.5541
<u>Franklin</u>		TN	37067	Amount of Each Receipt this Period
FEC ID number federal political		C		91.00
Name of Emplo Capella Health,	yer Inc.	Occupation Vice Pres	n sident/Assistant PAC Treasu	urer
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 1183.00	
Full Name (Last	, First, Middle Initial) er			Date of Receipt
Mailing Address	5 501 Corporate Cent Suite 200	11 07 7 2010		
City		State	Zip Code	Transaction ID: SA11AI.5542
Franklin		TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			27.50
Name of Emplo Capella Healtho	yer are	Occupation Director	n Patient Accounting	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (sp	☐ General ecify) ▼	0 0	345.00	
Full Name (Last S. Ray Coffey	, First, Middle Initial)	<u> </u>		Date of Receipt
Mailing Address	501 Corporate Cent Suite 200	re 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.5543
Franklin		TN	37067	Amount of Each Receipt this Period
FEC ID number federal political		C		77.28
Name of Emplo Capella Healtho	yer are	Occupation VP & Go	n vernment Programs	
Receipt For:	Consum	Aggregate	e Year-to-Date ▼	_
Primary Other (sp	☐ General ecify) ♥	0 0	1004.64	
OUDTOTAL (CD		\ \	<b>_</b>	195.78

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. G	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Cel	natura Duissa		Date of Receipt
Suite 200	State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5544
Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period  75.00
Name of Employer Capella Healthcare Receipt For:		n ality Management	
Primary General Other (specify) ▼	0 0	975.00	
Full Name (Last, First, Middle Initial) Patricia Crumpton Mailing Address 501 Corporate Cel	ntre Drive		Date of Receipt
Suite 200 City	State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5568
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			25.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Cel Suite 200			11 07 4 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5545  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 Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1105.00	
SUBTOTAL of Receipts This Page (option	nal)		185.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 20 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GO	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Kevin Fowler			Date of Receipt
Mailing Address 501 Corporate Cen			11 07 2010
City	State	Zip Code	Transaction ID: SA11AI.5575
<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		7
Receipt For:	<del> ' _ · _ · _ </del>	Year-to-Date ▼	7
Primary General Other (specify) ▼	1,55,034.0	250.00	]
Full Name (Last, First, Middle Initial) Kirk Hanson	<u>'</u>		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre 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.5546
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Capella Healthcare	Occupation Director		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Brian Hitchcock	I		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre 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.5547
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.48
Name of Employer Capella Healthcare	Occupation VP & Ma	n terials Management	7
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	1111.24	
SUBTOTAL of Receipts This Page (optional			235.48

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 10 / 20   (check only one)
An or i	y information copied from such Reports and S for commercial purposes, other than using the	statements may	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. GOVE			
<u>/</u>	Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y Y 1 1 1 0 7 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.5569
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:  Primary General  Other (specify) ▼	<del>, '                                     </del>	e Year-to-Date ▼ 1300.00	
	Full Name (Last, First, Middle Initial) Mike McCoy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 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.5566
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			130.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1690.00	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y Y 1 1 1 1 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5564
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Capella Healthcare	Occupatio Hospital		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1625.00	
				355.00

# SCHEDULE A (FEC Form 3X)

Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per	
· · · · · · · · · · · · · · · · · · ·	the name and address of any political committee  VERNMENT AFFAIRS COMMITTEE	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Medley  Mailing Address 501 Corporate Cent	re Drive	Date of Receipt
Suite 200 City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5548  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Capella Healthcare  Receipt For:  Primary General Other (specify) ▼	Occupation Division CFO  Aggregate Year-to-Date ▼  1950.00	
Full Name (Last, First, Middle Initial) Dirk Morgan  Mailing Address 501 Corporate Cent Suite 200	re Drive	Date of Receipt  1 1 0 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5549
Franklin  FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  975.00	
Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive	11 07 2010
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5561
FEC ID number of contributing federal political committee.	C 37007	Amount of Each Receipt this Period  60.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  780.00	
SUBTOTAL of Receipts This Page (optional	)	285.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 20 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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.
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Butch Naylor Mailing Address 501 Corporate Centre I	Orive		Date of Receipt
	Suite 200 City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5563  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Capella Healthcare  Receipt For:  Primary  General  Other (specify) ▼	Occupation Hospital Aggregate		
- 3.	Full Name (Last, First, Middle Initial)  Dan Ordyna  Mailing Address 501 Corporate Centre I Suite 200	Orive		Date of Receipt  1 1 0 7 2 0 1 0
	City State Zip Code			Transaction ID: SA11AI.5570
	Franklin TN  FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period  50.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 650.00	
- :.	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center I	Or Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State TN	Zip Code	Transaction ID: SA11AI.5562
	Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period  50.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:  Primary General  Other (specify) ▼	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 650.00	
	SUBTOTAL of Receipts This Page (optional)			125.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 20 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. 0	ing the name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lynn Peoples			Date of Receipt
Mailing Address 501 Corporate Co	enter Dr Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Brentwood</u>	State TN	Zip Code 37027	Transaction ID: SA11AI.5560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		56.25
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Mitzi Pouncy  Mailing Address 501 Corporate Co	entre Drive		Date of Receipt
City	State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5565
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			25.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Charles Self	l		Date of Receipt
Mailing Address 501 Corporate Co	entre Drive Suite 2	2	11 07 7 2010
City Brentwood	State TN	Zip Code 37067	Transaction ID: SA11AI.5550  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		93.75
Name of Employer Capella Healthcare	Occupation VP/Risk		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optic	onal)		175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 20 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  CAPELLA HEALTHCARE, INC. Gr	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
Mailing Address 501 Corporate Cer Suite 200 City	otre Drive State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5551
Franklin  FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare Company  Receipt For: Primary General	<del>- ' '</del>	n ecutive Officer  Year-to-Date  3250.00	1
Other (specify) ▼  Full Name (Last, First, Middle Initial)  D. Andrew Slusser  Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt  1 1 0 7 2 0 1 0
Suite 200	State	Zip Code	Transaction ID: SA11AI.5552
Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period  195.83
Name of Employer Capella Healthcare	Occupation Senior V	n P & Development Officer	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2545.79	
Full Name (Last, First, Middle Initial) Warren Smith	l		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	ntre Drive		11 07 2010
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5553  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.25
Name of Employer Capella Healthcare		Finance Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 458.25	
SUBTOTAL of Receipts This Page (option	al)		481.08

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 20 (check only one)  X 11a 11b 11c 12
(	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements mand add	 y not be sold or used by any person   dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
۱.	Full Name (Last, First, Middle Initial) Wendell Van Es  Mailing Address 501 Corporate Centre I	Orive		Date of Receipt
	Suite 201 City	State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5567
	Franklin  FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 58.40
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 759.20	
	Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Orive		11 1 07 2010
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5554  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07007	100.00
	Name of Employer Capella Healthcare	Occupatio Senior V	n P & General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1050.00	
	Full Name (Last, First, Middle Initial) Robert Wampler  Mailing Address 501 Corporate Centre I	Orive, Ste 2	0	Date of Receipt
	City	State	Zip Code	1 1 0 7 2 0 1 0 Transaction ID: SA11AI.5555
	Franklin FEC ID number of contributing	TN	37067	Amount of Each Receipt this Period  135.00
	federal political committee.	C		133.00
	Name of Employer Capella Healthcare Company		erations CFO	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1755.00	
	SUBTOTAL of Receipts This Page (optional)			293.40
T	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/20   (check only one)   X   11a
Any information copied from suc or for commercial purposes, oth	ch Reports and Statements may er than using the name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In CAPELLA HEALTHCAR	Full) E, INC. GOVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Michael Wiechart	e Initial)		Date of Receipt
	porate Centre Drive		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: SA11AI.5571
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		241.25
Name of Employer Capella Healthcare	Occupation COO	١	
Receipt For:  Primary Gene Other (specify) ▼		Year-to-Date ▼ 482.50	
Full Name (Last, First, Middle Jim Wiseman	e Initial)		Date of Receipt
	porate Centre Drive 0		1 1 0 7 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.5556
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		80.00
Name of Employer Capella Healthcare	Occupation VP of Ta		
Receipt For:		Year-to-Date ▼	
Primary Gene Other (specify) ▼	eral	1040.00	
Full Name (Last, First, Middle Lori Wooten	e Initial)		Date of Receipt
	porate Centre 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.5557
Brentwood	TN	37027	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		100.00
Name of Employer Capella Healthcare	Occupation VP/Finan		
Receipt For:		Year-to-Date ▼	
Primary Gene Other (specify) ▼	eral	800.00	
			421.25

A.

## **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 17/20 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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 Full Name (Last, First, Middle Initial) Lee Yuill Date of Receipt Mailing Address 501 Corporate Centre Drive 1.1 07 2010 Suite 200 City State Zip Code Transaction ID: SA11AI.5558 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Capella Healthcare Occupation VP of Internal Audit Receipt For: Aggregate Year-to-Date Primary General 910.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	70.00
TOTAL This Period (last page this line number only)	<u> </u>	3251.99

State:

A.

District:

_		/== A =	014																
		(FEC Form 3X) Use separate schee		arate schedule(s)				IE NUMBER: PAGE 18 /							18 / 2	/ 20			
IT	EMIZED DIS	BURSEMEN	ITS		category of the Summary Page		2	21b 27		22 28a		23 28b	Н	24 28c	Н	25 29	Н	26 30b	
	y Information copied for commercial purp			•		•					•			_					
$\rangle$	NAME OF COMMI CAPELLA HEAL	TTEE (In Full) .THCARE, INC. (	GOVERNI	MENT AF	FAIRS COMM	ITTEE	<b>.</b>												
	Full Name (Last, Fi KraftCPAs PLLC									Trans Date o		sburs	eme			80 0 1 0	Υ		
	Mailing Address	555 Great Circ Suite 200	le Road							1 1			) 3	L	. 2	0 1 0			
	City Nashville			State TN	Zip Code 37228					Amou	nt of	Each	n Dis	burser	men	t this F	erio	d	
	Purpose of Disburs accounting fees	ement													2	56.00			
	Candidate Name					Cat	egor ype	•											
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼														

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	256.00
TOTAL This Period (last page this line number only)	<u> </u>	256.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/20
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  21b 22 X 23 27 28a 26	3 24 25 26 3b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			· ·
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERN	IMENT AFFAIRS COMMITT	EE	
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER		Transaction Date of Disb	
Mailing Address 7908 Cincinnati Dayton Suite I	Road	1"0"	21
City West Chester	State Zip Code OH 45069	Amount of E	ach Disbursement this Period
Purpose of Disbursement contribution			2500.00
Candidate Name JOHN A BOEHNER		Category/ Type	
Office Sought:  X House Senate President  Disburs	sement For: 2010 Primary X General Other (specify)		
State: OH District: 08			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	2500.00
TOTAL This Period (last page this line number only)	<b>—</b>	2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	for each category of the Detailed Summary Page (check only 21b 27 ents may not be sold or used by any person f	22 23 24 25 26 28a 28b 28c X 29 30b or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNM		
Full Name (Last, First, Middle Initial) Alabama Hospital Assoc. HOSPAC  Mailing Address 500 North East Blvd		Transaction ID: SB29.5581 Date of Disbursement  M M M O O O O O O O O O O O O O O O O
	State Zip Code AL 36117  Category/ Type	Amount of Each Disbursement this Period 1500.00
Office Sought:  Senate President State:  Disburser	ment For: Primary General Other (specify) ▼	

	1500.00
SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00