

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 11 02 2010 in the State of TN

5. Covering Period 10 14 2010 through 11 22 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 11 30 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
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	19389.30									
(c) Total Receipts (from Line 19)	3666.99	46712.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23056.29	72313.79								
7. Total Disbursements (from Line 31)	4256.00	53513.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18800.29	18800.29								
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**

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	3251.99	41600.76
(ii) Unitemized	415.00	5111.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3666.99	46712.60
(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)	3666.99	46712.60
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))	3666.99	46712.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3666.99	46712.60

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.....	256.00	2088.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	256.00	2088.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	37800.00
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	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
29. Other Disbursements.....	1500.00	13500.00
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))..	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
35. 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
38. Net Operating Expenditures (subtract Line 37 from Line 36)	256.00	2088.50

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

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 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

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 ▼
 3250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5539

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Bruce Baldwin

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
Brentwood TN 37027

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 ▼
 1120.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5559

Amount of Each Receipt this Period
 140.00

C. Full Name (Last, First, Middle Initial)
 John Bradford

Mailing Address 501 Corporate Centre Drive

City State Zip Code
Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Legal Ops Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.5540

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

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: (check only one)	PAGE 7 / 20
	<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

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) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5541
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Health, Inc. Occupation Vice President/Assistant PAC Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1183.00	

B.	Full Name (Last, First, Middle Initial) Michelle Carpenter	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5542
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 27.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Occupation Director Patient Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) S. Ray Coffey	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5543
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 77.28
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1004.64	

SUBTOTAL of Receipts This Page (optional)	195.78
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 / 20
(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) Beverly Craig		Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5544		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 975.00			

B.	Full Name (Last, First, Middle Initial) Patricia Crumpton		Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5568		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 325.00			

C.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay		Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5545		
	City Franklin	State TN	Zip Code 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 ▼ 1105.00			

SUBTOTAL of Receipts This Page (optional)	▶	185.00
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 9 / 20
(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)
Kevin Fowler

Mailing Address 501 Corporate Centre Drive

City State Zip Code
Franklin TN 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 ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5575

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Kirk Hanson

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
Capella Healthcare

Occupation
Director and CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5546

Amount of Each Receipt this Period
25.00

C.

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
Capella Healthcare

Occupation
VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1111.24

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5547

Amount of Each Receipt this Period
85.48

SUBTOTAL of Receipts This Page (optional) ► **235.48**

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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
 Jerry Mabry
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 11 / 07 / 2010
Transaction ID: SA11AI.5569
 Amount of Each Receipt this Period 100.00
 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 1300.00

B. Full Name (Last, First, Middle Initial)
 Mike McCoy
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 11 / 07 / 2010
Transaction ID: SA11AI.5566
 Amount of Each Receipt this Period 130.00
 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 1690.00

C. Full Name (Last, First, Middle Initial)
 Tim McGill
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 11 / 07 / 2010
Transaction ID: SA11AI.5564
 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 1625.00

SUBTOTAL of Receipts This Page (optional) ► **355.00**
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: (check only one)	PAGE 11 / 20
	<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

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) Mark Medley			Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200			Transaction ID: SA11AI.5548		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Franklin	TN	37067	150.00		
	FEC ID number of contributing federal political committee. C					
	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 ▼ 1950.00				

B.	Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200			Transaction ID: SA11AI.5549		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Franklin	TN	37067	75.00		
	FEC ID number of contributing federal political committee. C					
	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 ▼ 975.00				

C.	Full Name (Last, First, Middle Initial) Elisa Moylan			Date of Receipt MM / DD / YYYY 11 / 07 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200			Transaction ID: SA11AI.5561		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Franklin	TN	37067	60.00		
	FEC ID number of contributing federal political committee. C					
	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 ▼ 780.00				

SUBTOTAL of Receipts This Page (optional)	▶	285.00
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 / 20
(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) Butch Naylor		Date of Receipt MM / DD / YYYY 11 / 07 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5563	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
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 ▼ 325.00		

B.

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 11 / 07 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5570	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
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 ▼ 650.00		

C.

Full Name (Last, First, Middle Initial) Christina Patterson		Date of Receipt MM / DD / YYYY 11 / 07 / 2010	
Mailing Address 501 Corporate Center Dr Ste 200		Transaction ID: SA11AI.5562	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate 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 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 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

A. Full Name (Last, First, Middle Initial)
 Lynn Peoples
 Mailing Address 501 Corporate Center Dr Ste 200
 City State Zip Code
 Brentwood TN 37027
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0
Transaction ID: SA11AI.5560
 Amount of Each Receipt this Period
 56.25
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CNO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

B. Full Name (Last, First, Middle Initial)
 Mitzi Pouncy
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0
Transaction ID: SA11AI.5565
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital CNO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

C. Full Name (Last, First, Middle Initial)
 Charles Self
 Mailing Address 501 Corporate Centre Drive Suite 2
 City State Zip Code
 Brentwood TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 1 0
Transaction ID: SA11AI.5550
 Amount of Each Receipt this Period
 93.75
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare VP/Risk Mgmt
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**
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 / 20
(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) Dan Slipkovich		Date of Receipt MM / DD / YYYY 11 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5551
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00	

B.

Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 11 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5552
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.83
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2545.79	

C.

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 11 / 07 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5553
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.25
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 ▼ 458.25	

SUBTOTAL of Receipts This Page (optional)	481.08
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 15 / 20
	<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) Wendell Van Es	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 201	Transaction ID: SA11AI.5567
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 58.40
	FEC ID number of contributing federal political committee. C	
	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 ▼ 759.20	

B.	Full Name (Last, First, Middle Initial) Howard Wall	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.5554
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Occupation Senior VP & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) Robert Wampler	Date of Receipt MM / DD / YYYY 11 / 07 / 2010
	Mailing Address 501 Corporate Centre Drive, Ste 20	Transaction ID: SA11AI.5555
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 135.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Company Occupation VP & Operations CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1755.00	

SUBTOTAL of Receipts This Page (optional)	293.40
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 / 20
(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)
Michael Wiechart

Mailing Address 501 Corporate Centre Drive

City State Zip Code
Franklin TN 37067

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

Name of Employer Occupation
Capella Healthcare COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.50

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5571

Amount of Each Receipt this Period
241.25

B.

Full Name (Last, First, Middle Initial)
Jim Wiseman

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 of Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5556

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Lori Wooten

Mailing Address 501 Corporate Centre Drive Suite 200

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
Capella Healthcare VP/Financial Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: SA11AI.5557

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 421.25

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 / 20	
	(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"/> 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) Lee Yuill		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.5558
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		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 ▼ 910.00		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	3251.99

**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 / 20

<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

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)
KraftCPAs PLLC

Transaction ID: SB21B.5580
Date of Disbursement

Mailing Address 555 Great Circle Road
Suite 200

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

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

256.00

Purpose of Disbursement
accounting fees

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

256.00

TOTAL This Period (last page this line number only)

256.00

**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 19 / 20

<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

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)
FRIENDS OF JOHN BOEHNER

Transaction ID: SB23.5535

Date of Disbursement

Mailing Address 7908 Cincinnati Dayton Road
Suite I

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

City State Zip Code
West Chester OH 45069

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
contribution

--

Candidate Name
JOHN A BOEHNER

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**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 20 / 20

<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

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)
Alabama Hospital Assoc. HOSPAC

Mailing Address 500 North East Blvd

City State Zip Code
Montgomery AL 36117

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)