01/26/2010 15:34

Image# 10990151798

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An	Offic	ce Use Only		
NAME OF COMMITTEE (in full)		EC MAILING LAB	EL Example:I	f typing, type nes		
CAPELLA HEALTHO			AIRS COMMITTEE			
ADDRESS (number and str	reet) 501	CORPORATE CE	NTRE DRIVE STE	200		
Check if differer than previously reported. (ACC)		ANKLIN			TN L	37067
2. FEC IDENTIFICATION	ON NUMBER	~	CITY 🛋		STATE	ZIPCODE 🛕
C00421420		3	B. IS THIS REPORT	NEW (N) OR	AMEND (A)	DED
4. TYPE OF REPOR (Choose One) (a) Quarterly Repor April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R X January 31 Quarterly R July 31 Mid Report(Nor Year Only) Termination (TER)	ts: eport(Q1) eport(Q2) eport(Q3) eport(YE) l-Year l-election (MY)	(d) 30-Day Post -Electic	e: Convi	May 20 (M5) Jun 20 (M6) Jul 20 (M7) ary (12P) ention (12C) ral (30G)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12G)	Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	07	01 2009	th	rough 12	31 20	0 9
I certify that I have examin Type or Print Name of Tre Signature of Treasurer		gene A. (Tony) Fay			Date 0 1	26 2010
NOTE : Submission of fall Office	se, erroneous, o	or incomplete inform	nation may subject t	he person signing th	1 1	
Use						EC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/56

FEC Form 3X (Rev. 02/2003)

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

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 18204.23 January 1 (b) Cash on Hand at 26578.27 Begining of Reporting Period 13641.92 41287.34 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 40220.19 59491.57 6(a) and 6(c) for Column B) 14619.00 33890.38 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 25601.19 25601.19 (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)

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 / 56

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period:

From: 0.7

0 1

2009

то.

м м 1 2 D D 31

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	13031.92	33864.46
(ii) Unitemized	610.00	7422.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13641.92	41287.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13641.92	41287.34
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13641.92	41287.34
. Total Federal Receipts (subtract Line 18(c) from Line 19)	13641.92	41287.34

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 56

	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	720.00	1691.38
	Expenditures(c) Total Operating Expenditures	720.00	1891.36
	(add 21(a)(i), (a)(ii) and (b))	720.00	1691.38
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10400.00	25700.00
24.	Independent Expenditure	0.00	0.00
25.	(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
17	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
·	(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	0.00	0.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	3499.00	6499.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add 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))	14619.00	33890.38
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	14619.00	33890.38

DETAILED SUMMARY PAGE

of Disbursements

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)	13641.92	41287.34	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13641.92	41287.34	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	720.00	1691.38	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	720.00	1691.38	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	e X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre Suite 200		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brentwood FEC ID number of contributing federal political committee.	State Zip Code TN 37067	Transaction ID: SA11AI.4979 Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 2000.0	
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre Suite 200 City Brentwood FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation President Aggregate Year-to-Date 2250.0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre Suite 200 City Brentwood FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General	State Zip Code TN 37067 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	2500.0	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (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.
∠ 4 .	Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre Suite 200	Drive		Date of Receipt 1 2 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.5084
	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) Phil Bandy Mailing Address 501 Corporate Centre	Drive		Date of Receipt 0 7 2 7 2 0 0 9
	Suite 200 City	Transaction ID: SA11AI.5017		
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.75
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 218.75	
_ :_	Full Name (Last, First, Middle Initial) Phil Bandy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5018
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 43.75
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 262.50	
	SUBTOTAL of Receipts This Page (optional)			337.50
	TOTAL This Period (last page this line number	only)		

ı	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
(Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE				
۸.	Full Name (Last, First, Middle Initial) Phil Bandy	Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200	10 26 2009				
	City	State	Zip Code	Transaction ID: SA11AI.5121		
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		43.75		
	Name of Employer Capella Healthcare	Occupatio Hospital				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	306.25			
	Full Name (Last, First, Middle Initial) Phil Bandy	Date of Receipt				
	Mailing Address 501 Corporate Centre Drive Suite 200			12 15 2009		
	City State		Zip Code	Transaction ID: SA11AI.5122		
	Franklin	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		43.75		
	Name of Employer Capella Healthcare	Occupatio Hospital				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	350.00			
	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt		
	Mailing Address 501 Corporate Centre Suite 200			07 / 27 / 2009		
	City	State	Zip Code	Transaction ID: SA11AI.4981		
	Franklin	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		91.00		
	Name of Employer Capella Health, Inc.	- '	sident/Assistant PAC Treasu	ırer		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		728.00			
Γ		1		178.50		

	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a		
(Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Steven R. Brumfield Mailing Address 501 Corporate Centre	Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200	e Drive		09 21 2009		
	City	State	Zip Code	Transaction ID: SA11AI.4982		
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		91.00		
	Name of Employer Capella Health, Inc.	Occupation Vice Pre-	n sident/Assistant PAC Treasu			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		819.00			
- 3.	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200			10 26 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5085		
	Franklin	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		91.00		
	Name of Employer Capella Health, Inc.	Occupatio Vice Pre	n sident/Assistant PAC Treasu	ırer		
	Receipt For:	Aggregate	e Year-to-Date			
	Primary General Other (specify) ▼		910.00			
- :.	Full Name (Last, First, Middle Initial) Steven R. Brumfield	1		Date of Receipt		
	Mailing Address 501 Corporate Centre Suite 200			12 15 2009		
	City	State	Zip Code	Transaction ID: SA11AI.5086		
	Franklin	TN	37067	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		91.00		
	Name of Employer Capella Health, Inc.	- '	sident/Assistant PAC Treasu	ırer		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1001.00			
Γ	SUBTOTAL of Receipts This Page (optional)	1	_	273.00		

Any information copie	d from such Reports and Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purp	poses, other than using the name and a	ddress of any political committee to	solicit contributions from such committee.
A. Rick Charbonneau Mailing Address	Mailing Address 501 Corporate Centre Drive Suite 200 City State Franklin TN		Date of Receipt M M
Name of Employer Capella Healthcard Receipt For: Primary Other (speci	e Company Occupat VP Mar Aggrega General	ion naged Care tte Year-to-Date ▼	33.00
	State TN Contributing nmittee. C C C Company General General	Zip Code 37067 ion naged Care tte Year-to-Date ▼ 495.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 9 2 1 2 0 0 9 Transaction ID: SA11AI.5020 Amount of Each Receipt this Period 55.00
	State TN contributing nmittee. C C C Company C Aggrega General	Zip Code 37067 ion naged Care te Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Rece	ipts This Page (optional)		165.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	Statements may not be sold or used by any permename and address of any political committee	
Full Name (Last, First, Middle Initial) Rick Charbonneau Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J Z D O D S Transaction ID: SA11AI.5124 Amount of Each Receipt this Period 55.00
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centrical Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	e Drive State Zip Code TN 37067 C Occupation VP & Government Programs Aggregate Year-to-Date 618.24	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centry Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation VP & Government Programs Aggregate Year-to-Date 695.52	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		209.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General	State Zip Code TN 37067 C Occupation VP & Government Programs Aggregate Year-to-Date ▼	Date of Receipt 10 26 2009 Transaction ID: SA11AI.5089 Amount of Each Receipt this Period 77.28
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For:	Trive State Zip Code TN 37067 C Occupation VP & Government Programs Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	State Zip Code TN 37067 C Occupation VP & Quality Management	Date of Receipt O 7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	229.56

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	o solicit contributions from such committee.			
A .	Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Suite 200	Date of Receipt 0 9 2 1 2 0 0 9			
	City	State	Zip Code	Transaction ID: SA11AI.4988	
	Franklin	TN	37067	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		75.00	
	Name of Employer Capella Healthcare	Occupation VP & Qu	on Iality Management		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 675.00		
В.	Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre	Beverly Craig			
	Suite 200	10 26 2009			
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5091 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	0.00.	75.00	
	Name of Employer Capella Healthcare	Occupation VP & Qu	on Iality Management		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 750.00]	
С.	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt	
	Mailing Address 501 Corporate Centre Suite 200	Drive		12 15 2009	
	City	State	Zip Code	Transaction ID: SA11AI.5092	
	Franklin	TN	37067	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		75.00	
	Name of Employer Capella Healthcare		ality Management		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 825.00]	
	SUBTOTAL of Receipts This Page (optional)			225.00	
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee VERNMENT AFFAIRS COMMITTEE	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Janice Darnaby Mailing Address 501 Corporate Cent City Franklin	re, Ste 200 State Zip Code TN 37067	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify)	Occupation Hospital CNO Aggregate Year-to-Date 381.28	47.66
Full Name (Last, First, Middle Initial) Janice Darnaby Mailing Address 501 Corporate Cent		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5026
FEC ID number of contributing federal political committee.	C 37007	Amount of Each Receipt this Period 47.66
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation Hospital CNO Aggregate Year-to-Date ▼ 428.94	
Full Name (Last, First, Middle Initial)		
Janice Darnaby Mailing Address 501 Corporate Cent	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.5129
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 47.66
Name of Employer Capella Healthcare Company	Occupation Hospital CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 476.60	
SUBTOTAL of Receipts This Page (optional)	142.98

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/56 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and 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. G		• •	
Full Name (Last, First, Middle Initial) Janice Darnaby			Date of Receipt
Mailing Address 501 Corporate Cel	ntre, Ste 200		1 2 1 5 2 0 0 9
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	47.66
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 524.26	
Full Name (Last, First, Middle Initial) Patricia Dolan			Date of Receipt
Mailing Address 501 Corporate Cer Suite 200			07 27 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07007	50.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Patricia Dolan			Date of Receipt
Mailing Address 501 Corporate Cel Suite 200	nter Drive		09 21 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option	nal)		147.66

	JLE A (FEC Form 3X D RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one)
Any information or for comme	ion copied from such Reports and	d Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME O	F COMMITTEE (In Full) _A HEALTHCARE, INC. GO			
Full Name Patricia De	e (Last, First, Middle Initial)			Date of Receipt
Mailing A		er Drive		10 26 2009
City		State	Zip Code	Transaction ID: SA11AI.5151
<u>Franklin</u>	1	TN	37067	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		50.00
Name of I Capella H	Employer lealthcare	Occupatio Hospital		
	or: mary General er (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name	e (Last, First, Middle Initial) olan			Date of Receipt
Mailing A	ddress 501 Corporate Cent Suite 200			12 / 15 / 2009
City		State	Zip Code	Transaction ID: SA11AI.5152
<u>Franklin</u>		TN	37067	Amount of Each Receipt this Period
	umber of contributing olitical committee.	С		50.00
Name of I Capella H	Employer Healthcare	Occupatio Hospital		
Receipt F		Aggregate	Year-to-Date ▼	
	mary General er (specify) ♥	0 0	550.00	
Full Name	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	ddress 501 Corporate Cent Suite 200	re Dr		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.5021
<u>Franklin</u>		TN	37067	Amount of Each Receipt this Period
federal po	umber of contributing olitical committee.	C		70.83
Name of I Capella H		Occupatio Hospital		
Receipt F		Aggregate	e Year-to-Date ▼	_
	mary General er (specify) ▼		354.15	
CURTOTAL	of Receipts This Page (optional	\		170.83

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Patty Doles		Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	ntre Dr	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.5022
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 70.83
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 424.98	
Full Name (Last, First, Middle Initial) Patty Doles		Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	ntre Dr	10 26 Y Y Y Y Y Y
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5125
FEC ID number of contributing federal political committee.	C 37007	Amount of Each Receipt this Period 70.83
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.81	
Full Name (Last, First, Middle Initial) Patty Doles	l	Date of Receipt
Mailing Address 501 Corporate Ce Suite 200	ntre Dr	12 15 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5126
FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 70.83
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 566.64	
SUBTOTAL of Receipts This Page (option	nal)	212.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and addr	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AF	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.4989
<u>Franklin</u>	<u>TN</u>	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Presi		
Receipt For:	Aggregate '	Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	680.00	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4990
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Presi		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 765.00	
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Centre I Suite 200	Drive		10 26 7 2009
City	State	Zip Code	Transaction ID: SA11AI.5093
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice Presi		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (optional)			255.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing	re Drive State TN	Zip Code 37067	Date of Receipt M M J D D D Z D O D D D D D D D D D D D D D D
Name of Employer Capella Healthcare, Inc. Receipt For: Primary General Other (specify)	Occupation Vice Pres]
Full Name (Last, First, Middle Initial) Robert Hammond Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupation Division		Date of Receipt M M 27 2009 Transaction ID: SA11AI.4991 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Robert Hammond Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupation Division		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		335.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (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. GO	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Hammond Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt
Suite 200 City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5095 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Capella Healthcare Receipt For:	Occupatio Division	CEO	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Robert Hammond Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt
Suite 200			12 15 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57007	125.00
Name of Employer Capella Healthcare	Occupatio Division		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
Mailing Address 501 Corporate Cer Suite 200			07 27 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	125.00
Name of Employer Capella Healthcare	Occupatio Hospital	CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (options	al)		375.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one) X
\ C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
۱.	Full Name (Last, First, Middle Initial) Bryan Hargis Mailing Address 501 Corporate Centre	Drivo		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Dilve		09 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.5057
	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	Occupation Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			10 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.5161
	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	Occupation Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	875.00	
_	Full Name (Last, First, Middle Initial) Bryan Hargis			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			12 15 7 2009
	City	State	Zip Code	Transaction ID: SA11AI.5162
	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	Occupation Hospital	CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		375.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
. <u>/</u> A.	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
•	Mailing Address 501 Corporate Centre Suite 200	Drive		07 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.4995
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 85.48
	Name of Employer Capella Healthcare		terials Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 683.84	
	Full Name (Last, First, Middle Initial) Brian Hitchcock	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4996
	Franklin	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 Iterials Management	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 769.32	
 ;.	Full Name (Last, First, Middle Initial) Brian Hitchcock	-		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		10 26 2009
	City <u>Franklin</u>	State TN	Zip Code 37067	Transaction ID: SA11AI.5099 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 Iterials Management	_
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 854.80	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		256.44

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 56 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive		12 15 2009
City	State	Zip Code	Transaction ID: SA11AI.5100
<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	Occupatio VP & Ma	n terials Management	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	940.28	
Full Name (Last, First, Middle Initial) Margie Kipp	1		Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5139
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Capella Healthcare	Occupatio Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Jerry Mabry			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.5054
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:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			205.48

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one) X
	ports and Statements may not be sold or used by any pe an using the name and address of any political committee	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, II	NC. GOVERNMENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Init Jerry Mabry	al)	Date of Receipt
Suite 200	te Centre Drive	09 / 21 / 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Init Jerry Mabry	<u></u>	Date of Receipt
Suite 200	te Centre Drive	10 26 2009
City	State Zip Code	Transaction ID: SA11AI.5159
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Init Jerry Mabry	al)	Date of Receipt
Mailing Address 501 Corpora Suite 200	te Centre Drive	12 15 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page	(optional)	300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steve Mahan Mailing Address 501 Corporate Centre		Date of Receipt 0 7 2 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5031
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation Hospital CEO Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Steve Mahan Mailing Address 501 Corporate Centre	e Dr Ste 200	Date of Receipt 0 9 2 1 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5032
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt
Mailing Address 501 Corporate Centre	e Dr Ste 200	10 26 2009
City	State Zip Code	Transaction ID: SA11AI.5136
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any per using the name and address of any political committee. GOVERNMENT AFFAIRS COMMITTEE	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Steve Mahan Mailing Address 501 Corporate	Centre Dr Ste 200	Date of Receipt
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5137 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation Hospital CEO Aggregate Year-to-Date 1100.00	
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 501 Corporate Suite 200	Centre Drive	Date of Receipt 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.5048
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Mike McCoy	I	Date of Receipt
Mailing Address 501 Corporate Suite 200	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.5049
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.00	
CURTOTAL of Possints This Page /s	tional)	360.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	State Zip Code TN 37067 C Occupation Hospital CEO	Date of Receipt M M Z G Z O O 9 Transaction ID: SA11AI.5153 Amount of Each Receipt this Period 130.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Mike McCoy Mailing Address 501 Corporate Centre Suite 200 City Franklin	State Zip Code TN 37067	Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: SA11AI.5154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	Occupation Hospital CEO	130.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1430.00	
Full Name (Last, First, Middle Initial) Tim McGill Mailing Address 501 Corporate Centre Suite 200		Date of Receipt O 7
City Franklin FEC ID number of contributing	State Zip Code TN 37067	Transaction ID: SA11AI.5039 Amount of Each Receipt this Period 125.00
federal political committee. Name of Employer Capella Healthcare	Occupation Hospital CEO	123.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional)		385.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	OVERNMENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	tre Drive	09 21 2009
City	State Zip Code	Transaction ID: SA11AI.5040
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	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200		10 26 7 2009
City	State Zip Code	Transaction ID: SA11AI.5144
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00]
Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt
Mailing Address 501 Corporate Cen Suite 200		12 15 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5145
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	al)	375.00
	iber only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 56 (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 solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
Mailing Address 501 Corporate Cer City	State	Zip Code	0 7 2 7 2 0 0 9 Transaction ID: SA11AI.5027
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare Company Receipt For:	Occupation Hospital		
Primary General Other (specify) ▼	, iggi ogalo	800.00	
Full Name (Last, First, Middle Initial) John McLain Mailing Address 501 Corporate Cer	ntre Dr, Ste 200		Date of Receipt 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.5028
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
Mailing Address 501 Corporate Cer	ntre Dr, Ste 200		10 26 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	100.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		300.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56 (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. (1)	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
Mailing Address 501 Corporate Co	entre Dr, Ste 200		12 15 2009
City	State	Zip Code	Transaction ID: SA11AI.5132
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mark Medley Mailing Address 501 Corporate Co	entre Drive		Date of Receipt
Suite 200	entre Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.4997
Franklin FEC ID number of contributing	C	37067	Amount of Each Receipt this Period
federal political committee.	0		100.00
Name of Employer Capella Healthcare	Occupation Division		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial) Mark Medley			Date of Receipt
Mailing Address 501 Corporate Co	entre Drive		09 / 21 / 2009
City	State	Zip Code	Transaction ID: SA11AI.4998
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Capella Healthcare	Occupation Division		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		900.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 56 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			n for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GC Full Name (Last, First, Middle Initial)	OVERNMENT A	FFAIRS COMMITTEE	<u> </u>
Mark Medley Mailing Address 501 Corporate Cent	re Drive		Date of Receipt 1 0 2 6 2 0 0 9
Suite 200	State	Zip Code	Transaction ID: SA11AI.5101
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07007	150.00
Name of Employer Capella Healthcare	Occupatio Division		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Mark Medley			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5102
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Capella Healthcare	Occupatio Division		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dirk Morgan			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	re Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.4999
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer Capella Healthcare	Occupatio Division		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]
SUBTOTAL of Receipts This Page (optiona	l)		375.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dirk Morgan Mailing Address 501 Corporate Centure Suite 200 City	re Drive	Zip Code	Date of Receipt 0 9 2 1 2 0 0 9 Transaction ID: SA11AI.5000
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Division Aggregate		
Full Name (Last, First, Middle Initial) Dirk Morgan Mailing Address 501 Corporate Centul Suite 200 City	re Drive	Zip Code	Date of Receipt 10 26 2009 Transaction ID: SA11AI.5103
Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Division Aggregate]
Full Name (Last, First, Middle Initial) Dirk Morgan Mailing Address 501 Corporate Centr	re Drive		Date of Receipt
Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5104 Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation Division Aggregate		1
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of Detailed Summary	of the (crieck only one)
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	the name and address of any political c	ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	tre Drive	07 27 2009
City	State Zip Code	Transaction ID: SA11AI.5023
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	tre Drive	0 9 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5024
Franklin	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	60.00
Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	tre Drive	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5127
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4	20.00
SUBTOTAL of Receipts This Page (option	J	180.00

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to DVERNMENT AFFAIRS COMMITTEE tre Drive State Zip Code TN 37067	Date of Receipt Date of Receipt 1 5
A. Elisa Moylan Mailing Address 501 Corporate Cen Suite 200 City Franklin	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 200 City Franklin	State Zip Code	12 15 2009
City Franklin		Transaction ID: SA11AI.5128
· · · · · · · · · · · · · · · · · · ·	IN 37067	
federal political committee.	C	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 ▼ 480.00	
Full Name (Last, First, Middle Initial) Butch Naylor		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 Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5036
FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Butch Naylor	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.5140
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	110.00

	3	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 17
Any information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In CAPELLA HEALTHCAR	r than using the name and ac -ull)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Butch Naylor	Initial)		Date of Receipt
Suite 200	orate Centre Drive State	Zip Code	1 2 1 5 2 0 0 9 Transaction ID: SA11Al.5141
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		25.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Jon O'Shaunnesy	Initial)		Date of Receipt
Suite 200			07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.5015
Franklin FEC ID number of contributir federal political committee.	TN C	37067	Amount of Each Receipt this Period
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary Gene Other (specify) ▼	00 0	te Year-to-Date ▼ 1280.00	
Full Name (Last, First, Middle Jon O'Shaunnesy	Initial)		Date of Receipt
Mailing Address 501 Corp Suite 200	orate 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.5016
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		160.00
Name of Employer Capella Healthcare Company	Occupation Hospital		
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 1440.00	
SUBTOTAL of Receipts This P	age (optional)		345.00

Suite 200 City		EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Hospital CEO Receipt Franklin TN 37067 Full Name (Last, First, Middle Initial) Jon O'Shaunnesy Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C Just State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C Just State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C Just State Zip Code Franklin TN 37067 Fel IN Name (Last, First, Middle Initial) Joan Ordyna Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AL.5120 Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Joan Ordyna Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AL.5060 Full Name (Last, First, Middle Initial) Joan Ordyna Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AL.5060 Fecipl Franklin TN 37067 FEC ID number of contributing federal political committee. C Just State Zip Code Transaction ID: SA11AL.5060 Amount of Each Receipt Insertion ID: SA11AL.5060 Amount of Ea	or for o	ommercial purposes, other than using the omegation with the of COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Malling Address So11 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Malling Address So11 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Malling Address So11 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 1760.00 Date of Receipt To: Primary General Other Suite 200 City State Zip Code T1760.00 Date of Receipt To: Primary General Other Capella Healthcare Company Malling Address So11 Corporate Centre Drive Suite 200 City State Zip Code T1760.00 Transaction ID: SA11Al.5060 Amount of Each Receipt this Period T1760.00 Date of Receipt To: Date of Re	1. <u>Jon</u>	O'Shaunnesy ling Address 501 Corporate Centre D	Orive		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capellal HealthCare Company Date of Receipt Primary General Primary Primary General Primary	_			·	
Receipt For:	FE	C ID number of contributing		37067	Amount of Each Receipt this Period 160.00
Malling Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Full Name (Last, First, Middle Initial) Dan Ordyna Malling Address 501 Corporate Centre Drive Suite 200 City State Zip Code Hospital CEO Receipt For: Primary General Other (specify) ▼ 1760.00 Full Name (Last, First, Middle Initial) Dan Ordyna Malling Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Ad00.00		ceipt For: Primary General	Hospital	CEO e Year-to-Date ▼ 1600.00	
City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Too.00 Date of Receipt Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Too.00 Date of Receipt Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Transaction ID: SA11AI.5120 Amount of Each Receipt this Period Transaction ID: SA11AI.5120 Transaction ID: SA1	Jon	O'Shaunnesy ling Address 501 Corporate Centre D	Orive		M M / D D / Y Y Y Y
Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ Name of Employer Capella Healthcare Company Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Adount of Each Receipt this Period Amount of Each Receipt this Period Amo	City		State	Zip Code	
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 0 7 27 200 Transaction ID: SA11AI.5060 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 400.00	<u>Fra</u>	anklin	TN	37067	Amount of Each Receipt this Period
Capella Healthcare Company			C		160.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Nar Car	ne of Employer pella Healthcare Company			
Date of Receipt Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Date of Receipt M M M O 7 / 27 / 200 Transaction ID: SA11AI.5060 Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period 400.00	Rec	Primary General	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	
Suite 200 City State Zip Code Transaction ID: SA11AI.5060 Franklin TN 37067 FEC ID number of contributing federal political committee. C Socupation Hospital COO Receipt For: Aggregate Year-to-Date ✓ Other (specify) ✓ Other (specify) ✓ Other State Zip Code Transaction ID: SA11AI.5060 Amount of Each Receipt this Period Am		,			Date of Receipt
Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 50.0 Amount of Each Receipt this Period 400.00	Mai	ling Address 501 Corporate Centre D Suite 200	Prive		
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00				•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	FE	C ID number of contributing		3/06/	Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ 400.00	Nar Car	ne of Employer pella Healthcare			
070.0	Rec	Primary General	<u> </u>	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBT	OTAL of Receipts This Page (optional)			370.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to VERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Centics Suite 200 City Franklin	re Drive State Zip Code TN 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Hospital COO Aggregate Year-to-Date 450.00	50.00
Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Hospital COO Aggregate Year-to-Date 500.00	Date of Receipt M M 26 2009 Transaction ID: SA11AI.5165 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dan Ordyna Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	re Drive State Zip Code TN 37067 C Occupation Hospital COO Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 56 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
<u> </u>	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		07 27 7 2009
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5029 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37007	50.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
 3.	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		09 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.5030
	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 ▼ 450.00	
	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		10 26 2009
	City Franklin	State TN	Zip Code	Transaction ID: SA11AI.5134
	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 ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional) .			150.00
 -	OTAL This Period (last page this line numbe	r only)		

City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Cocupation Hospital CFO		HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Christina Patterson Mailing Address 501 Corporate Center Dr Ste 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Healthcare Primary General Other (spacify) ▼ Full Name (Last, First, Middle Initial) Mitzi Pouncy Mailing Address 501 Corporate Centre Drive Capella Healthcare Name of Employer Capella Healthcare Capella	or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Recipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: SA11Al.5135 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Mitz Pouncy Mailing Address 501 Corporate Centre Drive City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Late of Receipt Date of Receipt Mailing Address 501 Corporate Centre Drive Capella Healthcare Primary General Other (specify) ▼ Late of Receipt Date of Receipt Mailing Address 501 Corporate Centre Drive Capella Healthcare Primary General Other (specify) ▼ Late of Receipt Mailing Address 501 Corporate Centre Drive City State Zip Code Primary General Other (specify) ▼ Late of Receipt Mailing Address 501 Corporate Centre Drive City State Zip Code Transaction ID: SA11Al.5135 Amount of Each Receipt this Period Date of Receipt Mailing Address 501 Corporate Centre Drive City State Zip Code Transaction ID: SA11Al.5135 Transaction ID: SA11Al.5135 Amount of Each Receipt this Period Date of Receipt Min	<u> </u>	Full Name (Last, First, Middle Initial)	TUNIVICIAL F	TAING GOMMINITEE	Date of Receipt
Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Full Name (Last, First, Middle Initial) Matizi Pouncy Mailing Address 501 Corporate Centre Drive Cocupation Hospital CFO Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Other (specify) ▼ Cocupation Hospital CFO Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt The 37067 Transaction ID: SA11Al.5044 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA11Al.5044 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5044 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: SA11Al.5148 Transaction ID: SA11Al.5148 Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.5148 Tran	<u></u>	Mailing Address 501 Corporate Center D	Or Ste 200		12 15 2009
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Occupation Hospital CFO				·	
Receipt For:	F	FEC ID number of contributing			
Primary General Other (specify) ▼ 550.00 Full Name (Last, First, Middle Initial) Date of Receipt M Mizi Pouncy Mailing Address 501 Corporate Centre Drive City	1	Name of Employer Capella Healthcare Company			
Mizi Pouncy Mailing Address 501 Corporate Centre Drive City State Zip Code Transaction ID: SA11AI.5044 Franklin TN 37087 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ City State Zip Code Transaction ID: SA11AI.5044 Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.5044 Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: SA11AI.5044 Amount of Each Receipt this Period Primary General Occupation Hospital CNO Receipt For: Primary General Occupation Hospital CNO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	F	Primary General	Aggregate		
City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Name (Last, First, Middle Initial) Miltzi Pouncy Mailing Address 501 Corporate Centre Drive City State Zip Code Franklin TN 37067 Fec ID number of contributing federal political committee. C Date of Receipt M Name (Last, First, Middle Initial) Date of Receipt Transaction ID: SA11AI.5044 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.5148 TN 37067 Transaction ID: SA11AI.5148 Amount of Each Receipt this Period C Ccupation Hospital CNO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	!	Mitzi Pouncy	Orive		M M / D D / Y Y Y Y
Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ City State Zip Code Franklin FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.5148 Franklin FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.5148 Franklin FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.5148 Franklin FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: SA11AI.5148 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	-	·		Zin Code	
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare		•		•	
Capella Healthcare Hospital CNO			C		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mitzi Pouncy Mailing Address 501 Corporate Centre Drive City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Name of Employer Capella Healthcare Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 100 200	1	Name of Employer Capella Healthcare			
Mailing Address 501 Corporate Centre Drive City State Zip Code Transaction ID: SA11AI.5148 Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.5148 Amount of Each Receipt this Period 25.00	F	Primary General	Aggregate	1 1 1 1 1 1 1	
City Franklin TN 37067 CITY FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary Other (specify) ▼ C State Zip Code Transaction ID: SA11AI.5148 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ 250.00		, , ,			Date of Receipt
Franklin TN 37067 Amount of Each Receipt this Period EC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ 25.00	N	Mailing Address 501 Corporate Centre [Orive		
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00		•		•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	F	FEC ID number of contributing		37007	
Primary General Other (specify) ▼ 250.00	1	Name of Employer Capella Healthcare			
100.00	Ē	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SU	BTOTAL of Receipts This Page (optional)			100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 56 (check only one)
	10	, ,	13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Mitzi Pouncy			Date of Receipt
Mailing Address 501 Corporate Cent	tre Drive		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5149
<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 Hospital		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	275.00]
Full Name (Last, First, Middle Initial) Jeff Rains			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	tre		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.5045
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	tre Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.5001
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Capella Healthcare Company	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00]
SUBTOTAL of Receipts This Page (optional			315.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 56 (check only one) X
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
۱.	Full Name (Last, First, Middle Initial) Dan Slipkovich	B :		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		09 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.5002
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare Company	Occupation Chief Ex	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2250.00	
_	Full Name (Last, First, Middle Initial) Dan Slipkovich	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		10 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.5105
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare Company		ecutive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		2500.00	
	Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			12 15 2009
	City	State TN	Zip Code	Transaction ID: SA11AI.5106
	Franklin		37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare Company		ecutive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		2750.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		750.00

			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may e name and addr	not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT AF	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e 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.5003
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupation Senior VP	% Development Officer	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1566.64	
	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		09 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.5004
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupation Senior VP	% Development Officer	
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 1762.47	
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		10 26 YYYYY
	City	State	Zip Code	Transaction ID: SA11AI.5107
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupation Senior VP	% Development Officer	
	Receipt For:	Aggregate `	Year-to-Date ▼	_ [
	Primary General Other (specify) ▼		1958.30	
5	SUBTOTAL of Receipts This Page (optional).			587.49

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 56 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and 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. G			
Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
Mailing Address 501 Corporate Cel Suite 200	ntre Drive		12 15 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5108
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 195.83
Name of Employer Capella Healthcare	Occupatio Senior V	n P & Development Officer	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2154.13	
Full Name (Last, First, Middle Initial) Warren Smith			Date of Receipt
Mailing Address 501 Corporate Cer Suite 200			07 27 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.25
Name of Employer Capella Healthcare	Occupatio Hospital	n Finance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 282.00	
Full Name (Last, First, Middle Initial) Warren Smith	I		Date of Receipt
Mailing Address 501 Corporate Cel Suite 200	ntre Drive		09 21 2009
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.25
Name of Employer Capella Healthcare	Occupatio Hospital	n Finance Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 317.25	
SUBTOTAL of Receipts This Page (option			266.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Warren Smith Mailing Address 501 Corporate Centre	Differen		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		10 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.5109
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.25
	Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 352.50]
– В.	Full Name (Last, First, Middle Initial) Warren Smith	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			12 15 2009
	City	State	Zip Code	Transaction ID: SA11AI.5110
	Franklin	TN	37067	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 ▼ 387.75	
c.	Full Name (Last, First, Middle Initial) Joel Taylor	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			07 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.5058
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capella Healthcare	Occupation Hospital	CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			120.50
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 56 (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 a solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Joel Taylor Mailing Address 501 Corporate Centre I Suite 200			Date of Receipt 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.5059
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 50.00
	Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Hospital Aggregate		
- 3.	Full Name (Last, First, Middle Initial) Joel Taylor Mailing Address 501 Corporate Centre I Suite 200	Drive		Date of Receipt 10 26 2009
	City	State	Zip Code	Transaction ID: SA11AI.5163
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 500.00	
- ;.	Full Name (Last, First, Middle Initial) Joel Taylor			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5164
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 50.00
	Name of Employer Capella Healthcare	Occupation Hospital		7
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	/ERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
Mailing Address 501 Corporate Centro Suite 201	e Drive		07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.5050
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		58.40
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	467.20	
Full Name (Last, First, Middle Initial) Wendell Van Es	'		Date of Receipt
Mailing Address 501 Corporate Centre Suite 201	e Drive		09 21 2009
City	State	Zip Code	Transaction ID: SA11AI.5051
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		58.40
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.60	
Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
Mailing Address 501 Corporate Centre Suite 201	e Drive		10 26 2009
City	State	Zip Code	Transaction ID: SA11AI.5155
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		58.40
Name of Employer Capella Healthcare	Occupation Hospital		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 584.00	
SUBTOTAL of Receipts This Page (optional)	1		175.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 56 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Wendell Van Es Mailing Address 501 Corporate Cent Suite 201 City	tre Drive	Zip Code	Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: SA11AI.5156
Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 58.40
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Hospital Aggregate		
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Cent Suite 200 City	tre Drive	Zip Code	Date of Receipt M
Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Senior V	P & General Counsel Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Cen	tre Drive		Date of Receipt
Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5008 Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare		P & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)		158.40

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	Statements may not be sold or used by any persone name and address of any political committee to /ERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee.	State Zip Code TN 37067	Date of Receipt 10 26 2009 Transaction ID: SA11AI.5111 Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare Receipt For: Primary Other (specify)	Occupation Senior VP & General Counsel Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre Suite 200 City	State Zip Code	Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: SA11AI.5112
Franklin FEC ID number of contributing federal political committee. Name of Employer	TN 37067 C Occupation	Amount of Each Receipt this Period 50.00
Capella Healthcare Receipt For: Primary General Other (specify) ▼	Senior VP & General Counsel Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 501 Corporate Centre	e Drive, Ste 20	Date of Receipt
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	135.00
Receipt For: Primary Other (specify)	VP & Operations CFO Aggregate Year-to-Date ▼ 1080.00	
SUBTOTAL of Receipts This Page (optional)		235.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 56 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO			
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Cer	ntre Drive, Ste 20	0	M M / D D / Y Y Y Y Y O O O O O
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5010
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 1215.00	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Cer	ntre Drive, Ste 20	0	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5113
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1350.00	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Cer	ntre Drive, Ste 20	0	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	57007	135.00
Name of Employer Capella Healthcare Company	Occupation VP & Op	n erations CFO	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1485.00	
SUBTOTAL of Receipts This Page (option:	- N		405.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 56 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jim Wiseman Mailing Address 501 Corporate Cen Suite 200	tre Drive		Date of Receipt 0 7 2 7 2 0 0 9
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5011 Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation VP of Ta		
Full Name (Last, First, Middle Initial) Jim Wiseman Mailing Address 501 Corporate Cen Suite 200 City Franklin	tre Drive State TN	Zip Code 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Occupation VP of Ta		80.00
Full Name (Last, First, Middle Initial) Jim Wiseman Mailing Address 501 Corporate Cen Suite 200			Date of Receipt 1 0 2 6 2 0 0 9
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.5115 Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼	Occupation VP of Ta Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 56 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. G	OVERNMENT AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200		12 15 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5116 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Lee Yuill	1	Date of Receipt
Mailing Address 501 Corporate Cer Suite 200		07 27 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt
Mailing Address 501 Corporate Cer Suite 200	ntre Drive	09 21 2009
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (option	al)	220.00
TOTAL This Period (last page this line num	nber only)	

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PAGE 52/56 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Lee Yuill Mailing Address 501 Corporate Centre Drive 26 10 2009 Suite 200 City State Zip Code Transaction ID: SA11AI.5117 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing 70.00 C federal political committee. Name of Employer Capella Healthcare Occupation VP of Internal Audit Receipt For: Aggregate Year-to-Date General Primary 490.00 Other (specify) Full Name (Last, First, Middle Initial) В. Lee Yuill Date of Receipt Mailing Address 501 Corporate Centre Drive 15 2009 Suite 200 City Transaction ID: SA11AI.5118 State Zip Code 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

SUPTOTAL of Possints This Page (entional)		140.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	13031.92

560.00

Other (specify)

Image# 10990151850

State:

District:

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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 53 / 56 y one) 22
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVER	NMENT AFFAIRS COMMIT	TEE	
	Full Name (Last, First, Middle Initial) KraftCPAs PLLC Mailing Address 555 Great Circle Road			Transaction ID: SB21B.5067 Date of Disbursement M M D D Y Y Y Y Y Y Y
	Suite 200 City Nashville Purpose of Disbursement accounting fees	State Zip Code TN 37228		Amount of Each Disbursement this Period 720.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	720.00
TOTAL This Period (last page this line number only)	•	720.00

Washington DC 20005 Purpose of Disbursement fundraiser PAC to PAC Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement for: 2010 State Name BECERRA FOR CONGRESS Office Sought: X House Senate President Senate President State: CA District: 31 Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: SB23.5076 Date of Disbursement 1000.00 Amount of Each Disbursement this Perion 1000.00 Transaction ID: SB23.5076 Date of Disbursement 1000.00 Transaction ID: SB23.5076 Date of Disbursement this Perion 1000.00 Transaction ID: SB23.5082 Transaction ID: SB23.5082 Date of Disbursement Individual Initial CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
nor 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) AMERIPAC: THE FUND FOR A GREATER AMERICA Mailing Address 607 14th Street, NW, Suite 800 City State City State Senate President Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address Office Sought: X House Senate President State: Disbursement State: Candidate Name BECERRA FOR CONGRESS Office Sought: X House Senate President State: Disbursement For: Caregory/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initial Security Transaction ID: SB23.5076 Date of Disbursement Initia	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA Mailing Address 607 14th Street, NW, Suite 800 City State Zip Code DC 20005 Purpose of Disbursement fundraiser PAC to PAC Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Office Sought: Amount of Each Disbursement this Peri Date of Disbursement this Peri Disbursement this Peri Date of D				
Malling Address 607 14th Street, NW, Suite 800 City State Zip Code Washington DC 20005 Purpose of Disbursement fundraiser PAC to PAC Candidate Name Office Sought: House President State: Disbursement For: Senate President State: Disbursement Indicate Pack of Disbursement For: Senate President State: CA Disbursement For: Senate President State: Senate President State: Senate President State: Senate President State: Senate President Senate Senate President Other (specify) ▼	NAME OF COMMITTEE (In Full)	·		
Mailing Address 607 14th Street, NW, Suite 800 11 0.4 2 0.09	,	R AMERICA		
Washington Purpose of Disbursement fundraiser PAC to PAC Candidate Name Office Sought: House Senate Prisident State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement for: 2010 X Primary General President State: CA District: 31 Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Category/ Type Office Sought: X House Senate President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code PA 15042 President State: Candidate Name Category/ Type City State Zip Code PA 15042 Purpose of Disbursement for: 2010 Amount of Each Disbursement Entries Primary General President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code PA 15042 Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President V Primary General President Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President Other (specify) ▼	Mailing Address 607 14th Street, NW, Su	uite 800		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
Cardidate Name Office Sought: House Senate Primary General Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 City Category/ Type Category/ Type Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial) BECERRA FOR CONGRESS Office Sought: X House President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code Category/ Type Category/ Type Transaction ID: SB23.5076 Date of Disbursement this Perion Category/ Type Transaction ID: SB23.5076 Date of Disbursement this Perion Category/ Type Transaction ID: SB23.5076 Date of Disbursement this Perion Category/ Type Transaction ID: SB23.5076 Date of Disbursement this Perion Category/ Type Transaction ID: SB23.5076 Date of Disbursement this Perion Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disbursement Initial Category/ Type Transaction ID: SB23.5076 Date of Disburs				Amount of Each Disbursement this Perio
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement Undraiser Candidate Name President State: A District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code CA 90026 Transaction ID: SB23.5076 Date of Disbursement 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	fundraiser PAC to PAC			2500.00
Senate Prisident State: District: Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement fundraiser Candidate Name BECERRA FOR CONGRESS Office Sought: X House President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code Category/ Type Other (specify) ▼ Transaction ID: SB23.5076 Date of Disbursement Initial Private President Initial Category/ Type Transaction ID: SB23.5082 Amount of Each Disbursement this Perivate President Initial Category/ Type Transaction ID: SB23.5082 Amount of Each Disbursement Initial Category/ Type Transaction ID: SB23.5082 Amount of Each Disbursement Initial Category/ Type Category/ Do 2 / Y 2 0 0 9 / Y 2 0 0			, , ,	
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement Undraiser Candidate Name BECERRA FOR CONGRESS Office Sought: X House President Senate President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE City State Zip Code Category/ Type Disbursement For: 2010 X Primary General Disbursement For: 2010 State of Disbursement Total Tity Delay (Tity State Tity Code PA 15042 Purpose of Disbursement for: 2010 Category/ Type City State Zip Code PA 15042 Purpose of Disbursement for: 2010 Category/ Type City State Zip Code PA 15042 Purpose of Disbursement for: 2010 Category/ Type City State Zip Code PA 15042 Purpose of Disbursement for: 2010 Category/ Type Office Sought: X House Senate President General President General President Category/ Type Office Sought: X Primary General General President Cother (specify) Type Office Sought: X Primary General President Cother (specify) General President Cother (specify) Type Other (specify) General Category/ Type)	Senate President	Primary General		
Mailing Address P.O. Box 261060 City State Zip Code CA 90026 Purpose of Disbursement fundraiser Candidate Name BECERRA FOR CONGRESS Office Sought: X House President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code CA 90026 Transaction ID: SB23.5082 Date of Disbursement Initial Disbursement Initial Disbursement Initial Category' Type City State Zip Code PA 15042 Purpose of Disbursement Initial Disbursement Initial Candidate Name Candidate Name Citizens FOR ALTMIRE Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Senate President Other (specify) ✓ General Other (specify) ✓ General Other (specify) ✓	Full Name (Last, First, Middle Initial)			
Los Angeles CA 90026 Purpose of Disbursement fundraiser Candidate Name BECERRA FOR CONGRESS Office Sought: X House President State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE President State City Freedom Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X Primary General Other (specify) Transaction ID: SB23.5082 Date of Disbursement 1 2 0 0 9 Amount of Each Disbursement this Peri Category/ Type Office Sought: X Primary General Other (specify) Other (specify) Other (specify) Transaction ID: SB23.5082 Date of Disbursement 1 2 0 0 9 Amount of Each Disbursement this Peri Category/ Type Office Sought: X House President Other (specify)				
Purpose of Disbursement fundraiser Candidate Name BECERRA FOR CONGRESS Office Sought:				Amount of Each Disbursement this Perio
BECERRA FOR CONGRESS Office Sought:	Purpose of Disbursement			1000.00
Senate President Other (specify) ▼ State: CA District: 31 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code Freedom PA 15042 Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President Disbursement For: 2010 Senate President Other (specify) ▼				
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. Box 1776 City State Zip Code Freedom PA 15042 Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Total Content of the part of	Senate X President	Primary General		
City State Zip Code Freedom PA 15042 Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President Disbursement For: 2010 Senate General Other (specify)	Full Name (Last, First, Middle Initial)			Date of Disbursement
Freedom PA 15042 Purpose of Disbursement fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate X Primary General President Other (specify) Office Sought Other (specify)	Mailing Address P.O. Box 1776			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
fundraiser Candidate Name CITIZENS FOR ALTMIRE Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)				Amount of Each Disbursement this Perio
CITIZENS FOR ALTMIRE Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼	fundraiser			1000.00
Senate X Primary General President Other (specify) ▼	CITIZENS FOR ALTMIRE			
	Senate	C Primary General		
	State: PA District: 04			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE (check only	NUMBER: PAGE 55 / 56
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV			
Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	;		Transaction ID: SB23.5070 Date of Disbursement
Mailing Address 607 14TH STREET SUITE 1434	NW SUITE 800		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser			2500.00
Candidate Name FRIENDS OF MARY LANDRIEU INC		Category/ Type	
X Senate President	sbursement For: 2010 X Primary General Other (specify)		
State: LA District: 00 Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COM	IMITTEE		Transaction ID: SB23.5068 Date of Disbursement
Mailing Address PO Box 360			$\begin{bmatrix}\begin{smallmatrix}M&M\\1&0\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D&D&D\\0&9\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&9\end{smallmatrix}\end{bmatrix}^Y$
City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			1000.00
Candidate Name MIKE ROSS FOR CONGRESS COM	IMITTEE	Category/ Type	
Office Sought: X House Discription Senate President State: AR District: 04	sbursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE			Transaction ID: SB23.5062 Date of Disbursement
Mailing Address POST OFFICE BO	X 5928		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & Q \\ 2 & 0 & Q & Q \end{bmatrix} $
City WINSTON-SALEM	State Zip Code NC 27113		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			2400.00
Candidate Name RICHARD BURR COMMITTEE; THE		Category/ Type	
Office Sought: House Di	sbursement For: 2010 X Primary General Other (specify) ▼		
State: NC District: 00			
SUBTOTAL of Disbursements This Page (op	ional)		5900.00
TOTAL This Period (last page this line number			10400.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29
Any Information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
CAPELLA HEALTHCARE, INC. GOVE	RNMENT AFFAIRS COMMI	TTEE	
Full Name (Last, First, Middle Initial) Alabama Hospital Assoc. HOSPAC			Transaction ID: SB29.5074 Date of Disbursement
Mailing Address 500 North East Blvd			10 M / D 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Montgomery	State Zip Code AL 36117		Amount of Each Disbursement this Period
Purpose of Disbursement contribution Candidate Name		Category/	1500.00
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Orr for Senate			Transaction ID: SB29.5064 Date of Disbursement
Mailing Address PO Box 305			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Decatur	State Zip Code AL 25601		Amount of Each Disbursement this Period
Purpose of Disbursement contributtion Candidate Name		2111111	999.00
Orr for Senate		Category/ Type	
Office Sought: House Disb X Senate President State: AL District:	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Zach Wamp for Governor			Transaction ID: SB29.5080 Date of Disbursement
Mailing Address 6135 Airways Blvd			111
City Chattanooga	State Zip Code TN 37421		Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser			1000.00
Candidate Name Zach Wamp for Governor		Category/ Type	
Senate President	ursement For: 2010 X Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (option	nal)	>	3499.00
TOTAL This Period (last page this line number of	anly)		3499.00