

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Eugene A. (Tony) Fay  
Signature of Treasurer Electronically Filed by Eugene A. (Tony) Fay Date 01 26 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		18204.23
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	26578.27									
(c) Total Receipts (from Line 19) .....	13641.92	41287.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40220.19	59491.57								
7. Total Disbursements (from Line 31) .....	14619.00	33890.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25601.19	25601.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	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) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13641.92	41287.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13641.92	41287.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13641.92	41287.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	720.00	1691.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	720.00	1691.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10400.00	25700.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3499.00	6499.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	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

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

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

FOR LINE NUMBER: PAGE 6 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
**Brentwood TN 37067**

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

Name of Employer Occupation  
 Capella Healthcare President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**07 27 2009**

**Transaction ID: SA11AI.4979**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
**Brentwood TN 37067**

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

Name of Employer Occupation  
 Capella Healthcare President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 21 2009**

**Transaction ID: SA11AI.4980**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
**Brentwood TN 37067**

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

Name of Employer Occupation  
 Capella Healthcare President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 26 2009**

**Transaction ID: SA11AI.5083**

Amount of Each Receipt this Period  
 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
 Brentwood TN 37067

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

Name of Employer Occupation  
 Capella Healthcare President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.5084

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Phil Bandy

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
 Franklin TN 37067

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

Name of Employer Occupation  
 Capella Healthcare Hospital CFO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 218.75

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 9

**Transaction ID:** SA11AI.5017

Amount of Each Receipt this Period  
 43.75

**C.** Full Name (Last, First, Middle Initial)  
 Phil Bandy

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
 Franklin TN 37067

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

Name of Employer Occupation  
 Capella Healthcare Hospital CFO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.5018

Amount of Each Receipt this Period  
 43.75

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Phil Bandy	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5121
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 43.75
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Occupation Hospital CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 306.25	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phil Bandy	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5122
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 43.75
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Occupation Hospital CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4981
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Health, Inc. Occupation Vice President/Assistant PAC Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 728.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>178.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 09 / 21 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4982
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		91.00	
Name of Employer Capella Health, Inc.		Occupation Vice President/Assistant PAC Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 819.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 10 / 26 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5085
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		91.00	
Name of Employer Capella Health, Inc.		Occupation Vice President/Assistant PAC Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 910.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y Y 12 / 15 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5086
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		91.00	
Name of Employer Capella Health, Inc.		Occupation Vice President/Assistant PAC Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>273.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 07 / 27 / 2009

**Transaction ID: SA11AI.5019**

Amount of Each Receipt this Period 55.00

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 09 / 21 / 2009

**Transaction ID: SA11AI.5020**

Amount of Each Receipt this Period 55.00

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 26 / 2009

**Transaction ID: SA11AI.5123**

Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 165.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rick Charbonneau		Date of Receipt MM / DD / YYYY 12 / 15 / 2009		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5124		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 605.00		
	Name of Employer Capella Healthcare Company		Occupation VP Managed Care		

<b>B.</b>	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 07 / 27 / 2009		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4985		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 77.28	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 618.24		
	Name of Employer Capella Healthcare		Occupation VP & Government Programs		

<b>C.</b>	Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 09 / 21 / 2009		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4986		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 77.28	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 695.52		
	Name of Employer Capella Healthcare		Occupation VP & Government Programs		

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

209.56

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 56  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5089
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	Aggregate Year-to-Date ▼ 772.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5090
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	Aggregate Year-to-Date ▼ 850.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4987
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	229.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Beverly Craig  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 09 / 21 / 2009  
**Transaction ID:** SA11AI.4988  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**   
 Name of Employer Capella Healthcare Occupation VP & Quality Management  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 675.00

**B.** Full Name (Last, First, Middle Initial)  
 Beverly Craig  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2009  
**Transaction ID:** SA11AI.5091  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**   
 Name of Employer Capella Healthcare Occupation VP & Quality Management  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
 Beverly Craig  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 12 / 15 / 2009  
**Transaction ID:** SA11AI.5092  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**   
 Name of Employer Capella Healthcare Occupation VP & Quality Management  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate 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) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Janice Darnaby

Mailing Address 501 Corporate Centre, Ste 200

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Capella Healthcare Company

Occupation  
Hospital CNO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

381.28

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2009

Transaction ID: SA11AI.5025

Amount of Each Receipt this Period

47.66

**B.**

Full Name (Last, First, Middle Initial)

Janice Darnaby

Mailing Address 501 Corporate Centre, Ste 200

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Capella Healthcare Company

Occupation  
Hospital CNO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

428.94

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2009

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period

47.66

**C.**

Full Name (Last, First, Middle Initial)

Janice Darnaby

Mailing Address 501 Corporate Centre, Ste 200

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Capella Healthcare Company

Occupation  
Hospital CNO

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

476.60

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2009

Transaction ID: SA11AI.5129

Amount of Each Receipt this Period

47.66

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

142.98

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

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

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

FOR LINE NUMBER: PAGE 15 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Janice Darnaby  
 Mailing Address 501 Corporate Centre, Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.5130  
 Amount of Each Receipt this Period  
 47.66  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 524.26

**B.** Full Name (Last, First, Middle Initial)  
 Patricia Dolan  
 Mailing Address 501 Corporate Center Drive Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 7 / 2 0 0 9  
**Transaction ID:** SA11AI.5046  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
 Patricia Dolan  
 Mailing Address 501 Corporate Center Drive Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 1 / 2 0 0 9  
**Transaction ID:** SA11AI.5047  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.66  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Patricia Dolan		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Center Drive Suite 200		Transaction ID: SA11AI.5151
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Patricia Dolan		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Center Drive Suite 200		Transaction ID: SA11AI.5152
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	Aggregate Year-to-Date ▼ 550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Patty Doles		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Dr Suite 200		Transaction ID: SA11AI.5021
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.83
Name of Employer Capella Healthcare	Occupation Hospital CFO	Aggregate Year-to-Date ▼ 354.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Patty Doles		Date of Receipt MM / DD / YYYY 09 / 21 / 2009	
Mailing Address 501 Corporate Centre Dr Suite 200		<b>Transaction ID:</b> SA11AI.5022	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 70.83
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 424.98		

**B.**

Full Name (Last, First, Middle Initial) Patty Doles		Date of Receipt MM / DD / YYYY 10 / 26 / 2009	
Mailing Address 501 Corporate Centre Dr Suite 200		<b>Transaction ID:</b> SA11AI.5125	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 70.83
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.81		

**C.**

Full Name (Last, First, Middle Initial) Patty Doles		Date of Receipt MM / DD / YYYY 12 / 15 / 2009	
Mailing Address 501 Corporate Centre Dr Suite 200		<b>Transaction ID:</b> SA11AI.5126	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 70.83
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	212.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Eugene A. (Tony) Fay

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 07 / 27 / 2009  
**Transaction ID: SA11AI.4989**  
 Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
 Eugene A. (Tony) Fay

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 21 / 2009  
**Transaction ID: SA11AI.4990**  
 Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
 Eugene A. (Tony) Fay

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: SA11AI.5093**  
 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5094
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Capella Healthcare, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Hammond		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4991
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Division CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Hammond		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4992
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Division CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Robert Hammond

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: SA11AI.5095**  
 Amount of Each Receipt this Period 125.00

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2009  
**Transaction ID: SA11AI.5096**  
 Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
 Bryan Hargis

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 27 / 2009  
**Transaction ID: SA11AI.5056**  
 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Bryan Hargis  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 21 2009  
**Transaction ID:** SA11AI.5057  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

**B.** Full Name (Last, First, Middle Initial)  
 Bryan Hargis  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 26 2009  
**Transaction ID:** SA11AI.5161  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 875.00

**C.** Full Name (Last, First, Middle Initial)  
 Bryan Hargis  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2009  
**Transaction ID:** SA11AI.5162  
 Amount of Each Receipt this Period  
 125.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 22 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Brian Hitchcock  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2009  
**Transaction ID:** SA11AI.4995  
 Amount of Each Receipt this Period  
 85.48  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 683.84

**B.** Full Name (Last, First, Middle Initial)  
 Brian Hitchcock  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2009  
**Transaction ID:** SA11AI.4996  
 Amount of Each Receipt this Period  
 85.48  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.32

**C.** Full Name (Last, First, Middle Initial)  
 Brian Hitchcock  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2009  
**Transaction ID:** SA11AI.5099  
 Amount of Each Receipt this Period  
 85.48  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Materials Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 854.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► 256.44  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5100
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.48
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 940.28	

**B.**

Full Name (Last, First, Middle Initial) Margie Kipp		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5139
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5054
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5055
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5159
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5160
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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



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

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

FOR LINE NUMBER: PAGE 25 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Steve Mahan  
 Mailing Address 501 Corporate Centre Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2009  
**Transaction ID: SA11AI.5031**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

**B.** Full Name (Last, First, Middle Initial)  
 Steve Mahan  
 Mailing Address 501 Corporate Centre Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2009  
**Transaction ID: SA11AI.5032**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 900.00

**C.** Full Name (Last, First, Middle Initial)  
 Steve Mahan  
 Mailing Address 501 Corporate Centre Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2009  
**Transaction ID: SA11AI.5136**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Mahan

Mailing Address 501 Corporate Centre Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY 12 / 15 / 2009

Transaction ID: SA11AI.5137

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt MM / DD / YYYY 07 / 27 / 2009

Transaction ID: SA11AI.5048

Amount of Each Receipt this Period 130.00

**C.**

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

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt MM / DD / YYYY 09 / 21 / 2009

Transaction ID: SA11AI.5049

Amount of Each Receipt this Period 130.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5153
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

**B.**

Full Name (Last, First, Middle Initial) Mike McCoy		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5154
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

**C.**

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5039
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5040
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5144
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

**C.**

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5145
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 29 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 John McLain  
 Mailing Address 501 Corporate Centre Dr, Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2009  
**Transaction ID: SA11AI.5027**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

**B.** Full Name (Last, First, Middle Initial)  
 John McLain  
 Mailing Address 501 Corporate Centre Dr, Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2009  
**Transaction ID: SA11AI.5028**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 900.00

**C.** Full Name (Last, First, Middle Initial)  
 John McLain  
 Mailing Address 501 Corporate Centre Dr, Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2009  
**Transaction ID: SA11AI.5131**  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John McLain	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 501 Corporate Centre Dr, Ste 200	<b>Transaction ID:</b> SA11AI.5132
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Capella Healthcare Company Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Medley	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4997
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Capella Healthcare Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Medley	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4998
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Capella Healthcare Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Medley	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5101
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Medley	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.5102
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dirk Morgan	Date of Receipt MM / DD / YYYY 07 / 27 / 2009
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4999
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Capella Healthcare Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2009

**Transaction ID: SA11AI.5000**

Amount of Each Receipt this Period 75.00

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 26 / 2009

**Transaction ID: SA11AI.5103**

Amount of Each Receipt this Period 75.00

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2009

**Transaction ID: SA11AI.5104**

Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Elisa Moylan  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2009  
**Transaction ID:** SA11AI.5023  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Elisa Moylan  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2009  
**Transaction ID:** SA11AI.5024  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

**C.** Full Name (Last, First, Middle Initial)  
 Elisa Moylan  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2009  
**Transaction ID:** SA11AI.5127  
 Amount of Each Receipt this Period  
 60.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

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

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

**A.**

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CNO

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5128

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
Butch Naylor

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5036

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Butch Naylor

Mailing Address 501 Corporate Centre Drive  
Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.5140

Amount of Each Receipt this Period

25.00

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

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Butch Naylor		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5141
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**B.**

Full Name (Last, First, Middle Initial) Jon O'Shaunnesy		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5015
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

**C.**

Full Name (Last, First, Middle Initial) Jon O'Shaunnesy		Date of Receipt MM / DD / YYYY 09 / 01 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5016
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 160.00
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>345.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jon O'Shaunnesy

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 10 / 26 / 2009  
**Transaction ID: SA11AI.5119**  
Amount of Each Receipt this Period: 160.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon O'Shaunnesy

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt: 12 / 15 / 2009  
**Transaction ID: SA11AI.5120**  
Amount of Each Receipt this Period: 160.00

**C.**

Full Name (Last, First, Middle Initial)  
Dan Ordyna

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 27 / 2009  
**Transaction ID: SA11AI.5060**  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 370.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5061
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5165
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5166
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Christina Patterson

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2009

**Transaction ID: SA11AI.5029**

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Christina Patterson

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 21 / 2009

**Transaction ID: SA11AI.5030**

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Christina Patterson

Mailing Address 501 Corporate Center Dr Ste 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2009

**Transaction ID: SA11AI.5134**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Christina Patterson  
 Mailing Address 501 Corporate Center Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 9  
**Transaction ID:** SA11AI.5135  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Company Hospital CFO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

**B.** Full Name (Last, First, Middle Initial)  
 Mitzi Pouncy  
 Mailing Address 501 Corporate Centre Drive  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 1 / 2 0 0 9  
**Transaction ID:** SA11AI.5044  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
 Mitzi Pouncy  
 Mailing Address 501 Corporate Centre Drive  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9  
**Transaction ID:** SA11AI.5148  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CNO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mitzi Pouncy

Mailing Address 501 Corporate Centre Drive

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CNO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeff Rains

Mailing Address 501 Corporate Centre Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5045

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
Dan Slipkovich

Mailing Address 501 Corporate Centre Drive Suite 200

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.5001

Amount of Each Receipt this Period

250.00

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

315.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Dan Slipkovich  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 09 / 21 / 2009  
**Transaction ID: SA11AI.5002**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Company Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

**B.** Full Name (Last, First, Middle Initial)  
 Dan Slipkovich  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 10 / 26 / 2009  
**Transaction ID: SA11AI.5105**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Company Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
 Dan Slipkovich  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 12 / 15 / 2009  
**Transaction ID: SA11AI.5106**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Company Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 42 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1566.64

Date of Receipt 07 / 27 / 2009  
**Transaction ID: SA11AI.5003**  
 Amount of Each Receipt this Period 195.83

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1762.47

Date of Receipt 09 / 21 / 2009  
**Transaction ID: SA11AI.5004**  
 Amount of Each Receipt this Period 195.83

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

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1958.30

Date of Receipt 10 / 26 / 2009  
**Transaction ID: SA11AI.5107**  
 Amount of Each Receipt this Period 195.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 587.49

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 56  
(check only one)

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

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

**A.**

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2154.13

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2009

Transaction ID: SA11AI.5108

Amount of Each Receipt this Period  
195.83

**B.**

Full Name (Last, First, Middle Initial)  
Warren Smith

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital Finance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 282.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009

Transaction ID: SA11AI.5005

Amount of Each Receipt this Period  
35.25

**C.**

Full Name (Last, First, Middle Initial)  
Warren Smith

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital Finance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 317.25

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2009

Transaction ID: SA11AI.5006

Amount of Each Receipt this Period  
35.25

**SUBTOTAL** of Receipts This Page (optional) ..... ► 266.33

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5109
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.25
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.50	

**B.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5110
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.25
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.75	

**C.**

Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5058
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 56  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5059
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5163
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Joel Taylor		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5164
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 46 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 501 Corporate Centre Drive  
Suite 201

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 467.20

Date of Receipt 07 / 27 / 2009

**Transaction ID: SA11AI.5050**

Amount of Each Receipt this Period 58.40

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

Mailing Address 501 Corporate Centre Drive  
Suite 201

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.60

Date of Receipt 09 / 21 / 2009

**Transaction ID: SA11AI.5051**

Amount of Each Receipt this Period 58.40

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

Mailing Address 501 Corporate Centre Drive  
Suite 201

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 584.00

Date of Receipt 10 / 26 / 2009

**Transaction ID: SA11AI.5155**

Amount of Each Receipt this Period 58.40

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.20

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 56  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 201		<b>Transaction ID:</b> SA11AI.5156
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 58.40
Name of Employer Capella Healthcare	Occupation Hospital CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 642.40	

**B.**

Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5007
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt MM / DD / YYYY 09 / 21 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5008
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	158.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 48 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Howard Wall

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 26 / 2009  
**Transaction ID: SA11AI.5111**  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Howard Wall

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Senior VP & General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 15 / 2009  
**Transaction ID: SA11AI.5112**  
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 07 / 27 / 2009  
**Transaction ID: SA11AI.5009**  
 Amount of Each Receipt this Period: 135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **235.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 56

(check only one)

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

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

**A.**

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

Mailing Address 501 Corporate Centre Drive, Ste 20

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company VP & Operations CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2009

Transaction ID: SA11AI.5010

Amount of Each Receipt this Period  
135.00

**B.**

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

Mailing Address 501 Corporate Centre Drive, Ste 20

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company VP & Operations CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2009

Transaction ID: SA11AI.5113

Amount of Each Receipt this Period  
135.00

**C.**

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

Mailing Address 501 Corporate Centre Drive, Ste 20

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Company VP & Operations CFO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2009

Transaction ID: SA11AI.5114

Amount of Each Receipt this Period  
135.00

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

405.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Jim Wiseman  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2009  
**Transaction ID:** SA11AI.5011  
 Amount of Each Receipt this Period  
 80.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare VP of Tax  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
 Jim Wiseman  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2009  
**Transaction ID:** SA11AI.5012  
 Amount of Each Receipt this Period  
 80.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare VP of Tax  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 480.00

**C.** Full Name (Last, First, Middle Initial)  
 Jim Wiseman  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2009  
**Transaction ID:** SA11AI.5115  
 Amount of Each Receipt this Period  
 80.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare VP of Tax  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 560.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 51 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Jim Wiseman  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt: MM / DD / YYYY  
 12 / 15 / 2009  
**Transaction ID:** SA11AI.5116  
 Amount of Each Receipt this Period: 80.00  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Capella Healthcare Occupation: VP of Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 640.00

**B.** Full Name (Last, First, Middle Initial)  
 Lee Yuill  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt: MM / DD / YYYY  
 07 / 27 / 2009  
**Transaction ID:** SA11AI.5013  
 Amount of Each Receipt this Period: 70.00  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: Capella Healthcare Occupation: VP of Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 350.00

**C.** Full Name (Last, First, Middle Initial)  
 Lee Yuill  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt: MM / DD / YYYY  
 09 / 21 / 2009  
**Transaction ID:** SA11AI.5014  
 Amount of Each Receipt this Period: 70.00  
 FEC ID number of contributing federal political committee: **C**  
 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 (optional) ..... ► **220.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 52 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5117
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	Aggregate Year-to-Date ▼ 490.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5118
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	Aggregate Year-to-Date ▼ 560.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13031.92</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 56

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

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

A.

Full Name (Last, First, Middle Initial)  
KraftCPAs PLLC

Transaction ID: SB21B.5067  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

720.00
--------

Purpose of Disbursement  
accounting fees

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

720.00
--------

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

720.00
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
AMERIPAC: THE FUND FOR A GREATER AMERICA

Transaction ID: SB23.5078

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Mailing Address 607 14th Street, NW, Suite 800

Amount of Each Disbursement this Period

2500.00
---------

City Washington State DC Zip Code 20005

Purpose of Disbursement  
fundraiser PAC to PAC

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
BECERRA FOR CONGRESS

Transaction ID: SB23.5076

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	9

Mailing Address P.O. Box 261060

Amount of Each Disbursement this Period

1000.00
---------

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
fundraiser

Category/ Type
-------------------

Candidate Name  
BECERRA FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

C.

Full Name (Last, First, Middle Initial)  
CITIZENS FOR ALTMIRE

Transaction ID: SB23.5082

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	0	9

Mailing Address P.O. Box 1776

Amount of Each Disbursement this Period

1000.00
---------

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
fundraiser

Category/ Type
-------------------

Candidate Name  
CITIZENS FOR ALTMIRE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

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

4500.00
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC</p> <p>Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name FRIENDS OF MARY LANDRIEU INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5070</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5068</p> <p>Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name RICHARD BURR COMMITTEE; THE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5062</p> <p>Date of Disbursement 07 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>

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

5900.00

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

10400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Alabama Hospital Assoc. HOSPAC

Transaction ID: SB29.5074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Mailing Address 500 North East Blvd

Amount of Each Disbursement this Period

1500.00
---------

City State Zip Code  
Montgomery AL 36117

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Orr for Senate

Transaction ID: SB29.5064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	9

Mailing Address PO Box 305

Amount of Each Disbursement this Period

999.00
--------

City State Zip Code  
Decatur AL 25601

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

Orr for Senate

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District:

C.

Full Name (Last, First, Middle Initial)  
Zach Wamp for Governor

Transaction ID: SB29.5080

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Mailing Address 6135 Airways Blvd

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Chattanooga TN 37421

Purpose of Disbursement  
fundraiser

Category/  
Type

Candidate Name

Zach Wamp for Governor

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

3499.00

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

3499.00