

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 26 2008 through 12 31 2008

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 27 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		19452.49
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	14732.71									
(c) Total Receipts (from Line 19)	3471.52	32342.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18204.23	51794.73								
7. Total Disbursements (from Line 31)	0.00	33590.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18204.23	18204.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3361.52	28054.26
(i) Itemized (use Schedule A)		
(ii) Unitemized	110.00	4287.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3471.52	32342.24
(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)	3471.52	32342.24
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))	3471.52	32342.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3471.52	32342.24

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1365.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	1365.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27625.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4600.00
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))..	0.00	33590.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	33590.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3471.52	32342.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3471.52	32342.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1365.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1365.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(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) J. Thomas Anderson		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4649
City Brentwood	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Dan Aranda		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4661
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.62
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 ▼ 1387.44	

C.

Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4650
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 1092.00	

SUBTOTAL of Receipts This Page (optional)	456.62
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 / 14
(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 State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Company VP Managed Care

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period
 55.00

B. Full Name (Last, First, Middle Initial)
 S. Ray Coffey

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare VP & Government Programs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 927.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4651

Amount of Each Receipt this Period
 77.28

C. Full Name (Last, First, Middle Initial)
 Beverly Craig

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare VP & Quality Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4652

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional) ► 207.28

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

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

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

FOR LINE NUMBER: PAGE 8 / 14
(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 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4663
 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) ▼ 381.28

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
 1 2 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4671
 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) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Eugene A. (Tony) Fay
 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
 1 2 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4653
 Amount of Each Receipt this Period
 85.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare, Inc. Vice President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1020.00

SUBTOTAL of Receipts This Page (optional) ► 182.66
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 9 / 14
(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 / 08 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4654
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		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 ▼ 1025.76	

B.

Full Name (Last, First, Middle Initial) George Kruger		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.4659
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
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 ▼ 855.00	

C.

Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID: SA11AI.4666
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	345.48
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14
(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)
 Mike McCoy
 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
 1 2 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4672
 Amount of Each Receipt this Period
 130.00
 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) ▼ 650.00

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
 1 2 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4664
 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

C. Full Name (Last, First, Middle Initial)
 Jon O'Shaunnesy
 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
 1 2 / 0 8 / 2 0 0 8
Transaction ID: SA11AI.4658
 Amount of Each Receipt this Period
 35.25
 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) ▼ 1795.25

SUBTOTAL of Receipts This Page (optional) ► 265.25
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 14
	(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

A.	Full Name (Last, First, Middle Initial) Dan Ordyna	Date of Receipt MM / DD / YYYY 12 / 08 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.4675
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Occupation Hospital COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Christina Patterson	Date of Receipt MM / DD / YYYY 12 / 08 / 2008
	Mailing Address 501 Corporate Center Dr Ste 200	Transaction ID: SA11AI.4665
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Company Occupation Hospital CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

C.	Full Name (Last, First, Middle Initial) Tom Pemberton	Date of Receipt MM / DD / YYYY 12 / 08 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	Transaction ID: SA11AI.4648
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Capella Healthcare Company Occupation Senior VP and COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14
(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)
Cory Rhoades

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 CFO

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 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4676

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

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 ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period
250.00

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 ▼ 2349.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period
195.83

SUBTOTAL of Receipts This Page (optional) ► 495.83

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14
(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)
 Joel Taylor
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 12 / 08 / 2008
Transaction ID: SA11AI.4674
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

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
 Date of Receipt 12 / 08 / 2008
Transaction ID: SA11AI.4673
 Amount of Each Receipt this Period 58.40
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 292.00

C. Full Name (Last, First, Middle Initial)
 Robert Wampler
 Mailing Address 501 Corporate Centre Drive, Ste 20
 City Franklin State TN Zip Code 37067
 Date of Receipt 12 / 08 / 2008
Transaction ID: SA11AI.4657
 Amount of Each Receipt this Period 135.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Company Occupation VP & Operations CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1080.00

SUBTOTAL of Receipts This Page (optional) ▶ **243.40**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Carolyn Williams		Date of Receipt	
	Mailing Address 501 Corporate Centre Drive Suite 200		M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.4660
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		65.00	
Name of Employer Capella Healthcare		Occupation Hospital Chief Nursing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.45		

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	3361.52