

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2008 through 06 30 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 07 10 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

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 .....	18028.58									
(c) Total Receipts (from Line 19) .....	9526.05	18454.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27554.63	37907.13								
7. Total Disbursements (from Line 31) .....	9313.00	19665.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18241.63	18241.63								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8662.82	16049.52
(i) Itemized (use Schedule A) .....	863.23	2405.12
(ii) Unitemized .....	9526.05	18454.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9526.05	18454.64
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)) .....	9526.05	18454.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9526.05	18454.64

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	413.00	765.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	413.00	765.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8800.00	17800.00
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.....	100.00	1100.00
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))..	9313.00	19665.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9313.00	19665.50

**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 .....	9526.05	18454.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9526.05	18454.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	413.00	765.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	413.00	765.50

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

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
 J. Thomas Anderson  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
**Brentwood TN 37067**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**0 5 / 0 6 / 2 0 0 8**  
**Transaction ID: SA11AI.4425**  
 Amount of Each Receipt this Period  
 250.00  
 payroll deduction 250 per period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **1250.00**

**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**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**0 6 / 0 3 / 2 0 0 8**  
**Transaction ID: SA11AI.4426**  
 Amount of Each Receipt this Period  
 500.00  
 payroll deduction 250 per period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **1750.00**

**C.** Full Name (Last, First, Middle Initial)  
 Dan Aranda  
 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  
**0 5 / 0 6 / 2 0 0 8**  
**Transaction ID: SA11AI.4452**  
 Amount of Each Receipt this Period  
 115.62  
 payroll deduction 115.62 per period  
 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) ▼ **578.10**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.62**  
**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: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dan Aranda	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4453
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 231.24
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 115.62 per period
	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 ▼ 809.34	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4427
	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>	payroll deduction 91 per period
	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 ▼ 455.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. Brumfield	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4428
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 182.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 91 per period
	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 ▼ 637.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.24</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 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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 05 / 06 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4454
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 55 per period
	Name of Employer Capella Healthcare Company Occupation VP Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Charbonneau	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4455
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 55 per period
	Name of Employer Capella Healthcare Company Occupation VP Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) S. Ray Coffey	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4429
	City Franklin State TN Zip Code 37067	Amount of Each Receipt this Period 77.28
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 77.28 per period
	Name of Employer Capella Healthcare Occupation VP & Government Programs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 386.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.28</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 9 / 20  
(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)  
 S. Ray Coffey  
 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  
 0 6 / 0 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4430  
 Amount of Each Receipt this Period  
 154.56  
 payroll deduction 77.28  
 per period  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation VP & Government Programs  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 540.96

**B.** Full Name (Last, First, Middle Initial)  
 Gene Collins  
 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  
 0 6 / 0 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4474  
 Amount of Each Receipt this Period  
 1000.00  
 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 ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Beverly Craig  
 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  
 0 5 / 0 6 / 2 0 0 8  
**Transaction ID:** SA11AI.4431  
 Amount of Each Receipt this Period  
 75.00  
 payroll deduction 75 per  
 period  
 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 ▼  
 435.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1229.56**  
**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 10 / 20  
(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 06 / 03 / 2008  
**Transaction ID: SA11AI.4432**  
 Amount of Each Receipt this Period 150.00  
 payroll deduction 75 per period  
 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 585.00

**B.** Full Name (Last, First, Middle Initial)  
 Rosemarie Davis  
 Mailing Address 501 Corporate Center Dr, Ste 200  
 City Franklin State TN Zip Code 37067  
 Date of Receipt 06 / 03 / 2008  
**Transaction ID: SA11AI.4472**  
 Amount of Each Receipt this Period 1000.00  
 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 1000.00

**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  
 Date of Receipt 05 / 06 / 2008  
**Transaction ID: SA11AI.4433**  
 Amount of Each Receipt this Period 85.00  
 payroll deduction 85 per period  
 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 425.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1235.00**  
**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 / 20

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4434
Name of Employer Capella Healthcare, Inc.		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00	<input type="text"/> 170.00
			payroll deduction 85 per period

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4435
Name of Employer Capella Healthcare		Occupation VP & Materials Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 427.40	<input type="text"/> 85.48
			payroll deduction 85.48 per period

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4436
Name of Employer Capella Healthcare		Occupation VP & Materials Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 598.36	<input type="text"/> 170.96
			payroll deduction 85.48 per period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 426.44
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 12 / 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George Kruger		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4449
Name of Employer Capella Healthcare		Occupation Hospital Finance Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 305.00	<input type="text"/> 65.00
			payroll deduction 65 per period

<b>B.</b>	Full Name (Last, First, Middle Initial) George Kruger		Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4450
Name of Employer Capella Healthcare		Occupation Hospital Finance Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 435.00	<input type="text"/> 130.00
			payroll deduction 65 per period

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Mahan		Date of Receipt
	Mailing Address 501 Corporate Centre Dr Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4467
Name of Employer Capella Healthcare Company		Occupation Hospital CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 200.00
			payroll deduction 100 per period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 395.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

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

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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  
 0 6 / 0 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4461  
 Amount of Each Receipt this Period  
 200.00  
 payroll deduction 100 per period  
 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) ▼ 300.00

**B.** 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  
 0 5 / 0 6 / 2 0 0 8  
**Transaction ID:** SA11AI.4447  
 Amount of Each Receipt this Period  
 160.00  
 payroll deduction 160 per period  
 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  
 0 6 / 0 3 / 2 0 0 8  
**Transaction ID:** SA11AI.4448  
 Amount of Each Receipt this Period  
 320.00  
 payroll deduction 160 per period  
 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) ▼ 1120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 680.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Carolyn Schneider

Mailing Address 501 Corporate Center Dr, Ste 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 of Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** SA11AI.4468

Amount of Each Receipt this Period  
1000.00

**B.**

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

**Transaction ID:** SA11AI.4437

Amount of Each Receipt this Period  
500.00

payroll deduction one time

**C.**

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

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 Senior VP & Development Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 979.15

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** SA11AI.4438

Amount of Each Receipt this Period  
195.83

payroll deduction 195.83 per period

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1695.83**

**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 / 20  
(check only one)

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

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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		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4439
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 391.66
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer	payroll deduction 195.83 per period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1370.81	

**B.**

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4446
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.50
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	payroll deduction 35.25 per period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.75	

**C.**

Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.4440
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	payroll deduction 200 per period
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>662.16</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 16 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Howard Wall	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4441
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 200 per period
	Name of Employer Occupation Capella Healthcare Senior VP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Wampler	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 501 Corporate Centre Drive, Ste 20	<b>Transaction ID:</b> SA11AI.4444
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 135 per period
	Name of Employer Occupation Capella Healthcare Company VP & Operations CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carolyn Williams	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 501 Corporate Centre Drive Suite 200	<b>Transaction ID:</b> SA11AI.4451
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 56.69
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction 56.69 per period
	Name of Employer Occupation Capella Healthcare Hospital Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>726.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8662.82</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 17 / 20

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

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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.4479  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

113.00
--------

Purpose of Disbursement  
accounting fees  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: SB21B.4484  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	8

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
accounting fees  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

413.00
--------

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

413.00
--------

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4487</p> <p>Date of Disbursement 06 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name FRIENDS OF JIM CLYBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4480</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name FRIENDS OF RAHM EMANUEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

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

6800.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

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

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

A. Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
fundraiser

Candidate Name  
MCCONNELL SENATE COMMITTEE '08

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4482

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

8800.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

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

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

A.

Full Name (Last, First, Middle Initial)  
Tennessee Registry of Election Finance

Transaction ID: SB29.4490

Date of Disbursement

Mailing Address 404 James Robertson Pkwy  
Suite 1614

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	8

City Nashville State TN Zip Code 37243

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement  
registration

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

100.00

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

100.00