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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 501 CORPORATE CENTRE DRIVE STE 200 ADDRESS (number and street) Check if different than previously **FRANKLIN** TN 37067 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421420 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 06 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay Type or Print Name of Treasurer Electronically Filed by Eugene A. (Tony) Fay 07 10 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE D D " D 0.4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 19452.49 January 1 (b) Cash on Hand at 18028.58 Begining of Reporting Period 9526.05 18454.64 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 27554.63 37907.13 6(a) and 6(c) for Column B) 9313.00 19665.50 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 18241.63 18241.63 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

0 1 3^D0 м м 0 4 м м 0 6 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 16049.52 8662.82 (i) Itemized (use Schedule A) 863.23 2405.12 (ii) Unitemized (iii) TOTAL (add 9526.05 18454.64 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9526.05 18454.64 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 9526.05 18454.64 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 9526.05 18454.64 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	413.00	765.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	413.00	765.50
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	8800.00	17800.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	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
9.	Other Disbursements	100.00	1100.00
		100.00	1100.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9313.00	19665.50
2.	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

FEC Form 3X (Rev. 02/2003)

Page 5

	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

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 20 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
٦.	Mailing Address 501 Corporate Centre Suite 200			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State TN	Zip Code	Transaction ID: SA11AI.4425
	Brentwood FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 250.00
	Name of Employer Capella Healthcare	Occupation President	t	payroll deduction 250 per period
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
	Full Name (Last, First, Middle Initial) J. Thomas Anderson	D:		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		7'- 0 - 1	06 03 2008
	City Brentwood	State TN	Zip Code 37067	Transaction ID: SA11AI.4426
	FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 500.00
	Name of Employer Capella Healthcare	Occupation Presiden		payroll deduction 250 per period
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00	
 ;.	Full Name (Last, First, Middle Initial) Dan Aranda			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	e Drive		05 06 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11AI.4452
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 115.62
	Name of Employer Capella Healthcare Company	Occupation Hospital		payroll deduction 115.62 per period
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 578.10	
	SUBTOTAL of Receipts This Page (optional)	1		865.62

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 20 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to VERNMENT AFFAIRS COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dan Aranda		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200 City	re Drive State Zip Code	0 6 0 3 2 0 0 8 Transaction ID: SA11AI.4453
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	231.24
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	payroll deduction 115.62 per period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 809.34	
Full Name (Last, First, Middle Initial) Steven R. Brumfield Mailing Address 501 Corporate Centr	ro Dvivo	Date of Receipt
Suite 200		05 06 2008
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.00
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasu	payroll deduction 91 per period rer
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	
Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200		06 03 2008
City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.4428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	182.00
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasu	payroll deduction 91 per period rer
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 637.00	
SUBTOTAL of Receipts This Page (optional)	504.24
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 20 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to VERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rick Charbonneau Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee.	re Drive State Zip Code TN 37067	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupation VP Managed Care Aggregate Year-to-Date ▼ 275.00	payroll deduction 55 per period
Full Name (Last, First, Middle Initial) Rick Charbonneau Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer	re Drive State Zip Code TN 37067 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	VP Managed Care Aggregate Year-to-Date ▼ 385.00	period
Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation VP & Government Programs Aggregate Year-to-Date 386.40	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	242.28

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVEF Full Name (Last, First, Middle Initial) S. Ray Coffey Mailing Address 501 Corporate Centre D Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	ame and address of any political committee to s	Date of Receipt M M M / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S. Ray Coffey Mailing Address 501 Corporate Centre D Suite 200 City Franklin FEC ID number of contributing federal political committee.	State Zip Code TN 37067	0 6 0 3 2 0 0 8 Transaction ID: SA11AI.4430
Receipt For: Primary Other (specify)	Occupation VP & Government Programs Aggregate Year-to-Date ▼ 540.96	payroll deduction 77.28 per period
Full Name (Last, First, Middle Initial) Gene Collins Mailing Address 501 Corporate Center D City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify)	r, Ste 200 State Zip Code TN 37067 C Occupation Hospital CEO Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre D Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation VP & Quality Management Aggregate Year-to-Date 435.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	1229.56

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 20 (check only one) X 11a
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	FFAIRS COMMITTEE	
۷.	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre I Suite 200	Drive		06 03 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.4432
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	payroll deduction 75 per period
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		585.00	
	Full Name (Last, First, Middle Initial) Rosemarie Davis			Date of Receipt
	Mailing Address 501 Corporate Center Dr, Ste 200			06 03 7 9 9 9
	City	State	Zip Code	Transaction ID: SA11AI.4472
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
-	Mailing Address 501 Corporate Centre I Suite 200	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4433
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupatio Vice Pres		payroll deduction 85 per period
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	425.00	
Γ	CURTOTAL of Possints This Poss (cut)			1235.00
F	SUBTOTAL of Receipts This Page (optional)		<u>)</u>	- 12500
	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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVI	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Drive State Zip Code TN 37067 C Occupation Vice President Aggregate Year-to-Date ▼ 595.00	Date of Receipt M M M O B O B O B O B O B O B O B O B O
Full Name (Last, First, Middle Initial) Brian Hitchcock Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Drive State Zip Code TN 37067 C Occupation VP & Materials Management Aggregate Year-to-Date ▼ 427.40	Date of Receipt M M O D O O O O O O O Transaction ID: SA11AI.4435 Amount of Each Receipt this Period 85.48 payroll deduction 85.48 per period Pariod Pariod O O O O O Receipt this Period O O O O O O Receipt this Period O O O O O O Receipt this Period O O O O O O Receipt this Period O O O Receipt this Period O O O O Receipt this Period O
Full Name (Last, First, Middle Initial) Brian Hitchcock Mailing Address 501 Corporate Centre Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	Drive State Zip Code TN 37067 C Occupation VP & Materials Management Aggregate Year-to-Date ▼ 598.36	Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)		426.44

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 20 (check only one) X 11a
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George Kruger Mailing Address 501 Corporate Ce Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare	State Zip Code TN 37067 C Occupation Hospital Finance Officer	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	
Full Name (Last, First, Middle Initial) George Kruger Mailing Address 501 Corporate Ce Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Hospital Finance Officer Aggregate Year-to-Date 435.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Steve Mahan Mailing Address 501 Corporate Ce City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify)	State Zip Code TN 37067 C Occupation Hospital CEO Aggregate Year-to-Date 300.00	Date of Receipt M M M D D D 2 2008 Transaction ID: SA11AI.4467 Amount of Each Receipt this Period 200.00 payroll deduction 100 per period
SUBTOTAL of Receipts This Page (option	nal)	395.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 20 (check only one) X 11a
C C	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
	Mailing Address 501 Corporate Centre	Dr, Ste 200		06 03 7 7 7 7
	City	State	Zip Code	Transaction ID: SA11AI.4461
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		payroll deduction 100 per period
	Receipt For:	- ' '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	300.00	
_	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			05 06 2008
	City	State	Zip Code	Transaction ID: SA11AI.4447
	Franklin TN FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period
				160.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		payroll deduction 160 per period
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	800.00	
_	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		06 03 2008
	City	State	Zip Code	Transaction ID: SA11AI.4448
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		320.00
	Name of Employer Capella Healthcare Company Occupatio Hospital			payroll deduction 160 per period
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1120.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			680.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 20 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. G	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carolyn Schneider		,	Date of Receipt
Mailing Address 501 Corporate Cer City Franklin FEC ID number of contributing	State TN	Zip Code 37067	Transaction ID: SA11AI.4468 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify)	Occupation VP of Hu	n uman Resources e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dan Slipkovich Mailing Address 501 Corporate Cer Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	- 	ecutive Officer Year-to-Date 500.00	
D. Andrew Slusser Mailing Address 501 Corporate Cer Suite 200	ntre Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.4438 Amount of Each Receipt this Period 195.83
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼		P & Development Officer P Year-to-Date ▼ 979.15	payroll deduction 195.83 per period
SUBTOTAL of Receipts This Page (option	al)		1695.83

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/20 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	OVERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	ntre Drive		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: SA11AI.4439
Franklin FEC ID number of contributing	C	37067	Amount of Each Receipt this Period 391.66
federal political committee.	0		
Name of Employer Capella Healthcare	Occupation Senior V	n P & Development Officer	payroll deduction 195.83 per period
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1370.81	
Full Name (Last, First, Middle Initial) Warren Smith	I		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200			06 / 03 / 4 4 4 4
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4446
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 70.50
Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	payroll deduction 35.25 per period
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.75	
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
Mailing Address 501 Corporate Cen Suite 200	ntre Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin	State TN	Zip Code	Transaction ID: SA11AI.4440
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 200.00
Name of Employer Capella Healthcare	Occupation Senior V	n P & General Counsel	payroll deduction 200 per period
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		662.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 20 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV			
Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200	e Drive		06 / 03 / 2008
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37007	400.00
Name of Employer Capella Healthcare	Occupation Senior VP	& General Counsel	payroll deduction 200 per period
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
Mailing Address 501 Corporate Centre	Mailing Address 501 Corporate Centre Drive, Ste 20		
City	State	Zip Code	Transaction ID: SA11AI.4444
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		270.00
Name of Employer Capella Healthcare Company	Occupation VP & Ope	rations CFO	payroll deduction 135 per period
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) Carolyn Williams			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200	e Drive		05 06 7 2008
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4451
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 56.69
Name of Employer Capella Healthcare	Occupation Hospital C	Chief Nursing Officer	payroll deduction 56.69 per period
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 283.45	
SUBTOTAL of Receipts This Page (optional)			726.69
TOTAL This Period (last page this line numbe		<u> </u>	8662.82

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 17/20 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4479 KraftCPAs PLLC Date of Disbursement 0 1 o[™] 4 2008 Mailing Address 555 Great Circle Road Suite 200 City State Zip Code Amount of Each Disbursement this Period Nashville ΤN 37228 113.00 Purpose of Disbursement accounting fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.4484 KraftCPAs PLLC Date of Disbursement 0 5 0 8ั 2008 Mailing Address 555 Great Circle Road Suite 200 City State Zip Code Amount of Each Disbursement this Period Nashville TN 37228 300.00 Purpose of Disbursement accounting fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	413.00
TOTAL This Period (last page this line number only)	•	413.00

Other (specify)

State:

Transaction ID: SB23.4480 Disbursement fundraiser Cardidate Name President State: SC District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Malling Address PO Box 12567 City Columbia Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Office Sought: Volume (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Office Sought: Volume (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Malling Address PO, D. Box 101124 City Columbia Friends Size President State: SC District: 06 Full Name (Last, First, Middle Initial) Friends of President State: SC District: 06 Full Name (Last, First, Middle Initial) Friends of President State: SC District: 06 Full Name (Last, First, Middle Initial) Friends of Disbursement tenders are cardidate Name Friends of Disbursement tenders are cardidate Name Friends of Disbursement Landraiser Cardidate Name Cardidate Name Cardidate Name Friends of Disbursement for: 2008 Full Name (Last, First, Middle Initial) Friends of Disbursement Landraiser Cardidate Name Friends of Disbursement Cardidate Name Friends of Disbursement Landraiser Car	3 / 20
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington DC 20003 Purpose of Disbursement fundraiser Candidate Name Office Sought: Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address PO Box 12567 City State Senate Primary General Other (specify) File Nos OF RAHM EMANUEL Mailing Address PO, Box 101124 City State Zip Code Senate Primary General Other (specify) Transaction ID: SB23,4485 Date of Disbursement thindraiser Candidate Name Transaction ID: SB23,4485 Date of Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Mailing Address PO, Box 101124 City Chicago IL 60610 Furpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Mailing Address PO, Box 101124 City Chicago IL 60610 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disbursement thindraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: Amount of Each Disburs	
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address	
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington DC 20003 Purpose of Disbursement fundraiser Candidate Name Office Sought: Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Office Sought: X House Senate Purpose of Disbursement for: Senate President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Office Sought: X House Purpose of Disbursement for: Category' Type Transaction ID: SB23.4480 Date of Disbursement thic Od 4	
City State	
Washington DC 20003 Purpose of Disbursement fundraiser Candidate Name Category/ Type	8 0
Candidate Name Office Sought:	
Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Office Sought: State Zip Code Candidate Name FRIENDS OF RAHM EMANUEL Mailing Address P.O. Box 101124 City Senate President Scale Zip Code IL Gode Other (specify) ▼ Transaction ID: SB23.4480 Date of Disbursement ID: SB23.4485 Date of Di	.00
Senate President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address PO Box 12567 City State Zip Code Columbia SC 29211 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF JIM CLYBURN Office Sought: X House President State: SC District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailing Address P.O. Box 101124 City Chicago State Zip Code (Specify) ▼ Transaction ID: SB23.4480 Date of Disbursement this Category/ Type Category/ Type Transaction ID: SB23.4480 Date of Disbursement this Category/ Type Transaction ID: SB23.4485 Date of Disbursement Mailing Address P.O. Box 101124 City State Zip Code (Chicago IL 60610 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Dispursement State Zip Code (Chicago IL 60610 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Primary General Amount of Each Disbursement this Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Category/ Type Category/ Type Office Sought: X House Primary X General	
Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN Mailing Address PO Box 12567 City State Zip Code SC 29211 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF JIM CLYBURN Office Sought: X House Senate President Primary General State of Disbursement IL Gode of Disbursement IL Gode Of Disbursement IL Gode Of Disbursement IL Gode Of Disbursement Initial) FRIENDS OF RAHM EMANUEL City State Zip Code Scenate President Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL City State Zip Code IL Gode Of Disbursement Initial State S	
City State Zip Code SC 29211 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF JIM CLYBURN Office Sought: X House President State: SC District: 06 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailling Address P.O. Box 101124 City State Zip Code General Other (specify) ▼ Category/ Type Transaction ID: SB23.4485 Date of Disbursement this Date of Disbursement this Code IL 60610 Purpose of Disbursement for: 2008 Amount of Each Disbursement this Date of Disbursement this Date of Disbursement this Date of Disbursement this Code IL 60610 Purpose of Disbursement for: 2008 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	
City Columbia	9 8 °
Purpose of Disbursement fundraiser Candidate Name	is Perio
Candidate Name FRIENDS OF JIM CLYBURN Office Sought:	.00
Office Sought:	
Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL Mailing Address P.O. Box 101124 City State Zip Code Chicago IL 60610 Purpose of Disbursement IL 60610 Purpose of Disbursement IL 60610 Category/ FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	
City State Zip Code Chicago IL 60610 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	
Chicago IL 60610 Purpose of Disbursement fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	8 0
fundraiser Candidate Name FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	is Perio
FRIENDS OF RAHM EMANUEL Office Sought: X House Disbursement For: 2008 Senate Primary X General	.00
Senate Primary X General	
Troductit Other (Specify)	
State: IL District: 05	

9	CHEDULE B (FEC Form 3)	Δ	Leopinie	- NUMBER	\neg
	•	Use separate schedule(s)	(check only	E NUMBER: PAGE 19 / 20	\dashv
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30	
	y Information copied from such Reports and for commercial purposes, other than using	,			
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	VERNMENT AFFAIRS COMMITT	EE		
	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTE Mailing Address PO BOX 1496	EE '08		Transaction ID: SB23.4482 Date of Disbursement O 5	
	City LOUISVILLE Purpose of Disbursement	State Zip Code KY 40201	•	Amount of Each Disbursement this Period 2000.00	
	fundraiser Candidate Name MCCONNELL SENATE COMMITTE		Category/ Type		
	Office Sought: House X Senate President State: KY District: 00	Disbursement For: 2008 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)		8800.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	OR LINE NUMBER: check only one)	PAGE 20 / 20		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 27 28a 28b	24 25 26 28c X 29 30b		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERN	MENT AFFAIRS COMMITTEE				
Full Name (Last, First, Middle Initial) Tennessee Registry of Election Finance		Transaction ID: Date of Disburs	ement		
Mailing Address 404 James Robertson P Suite 1614	kwy	0.6	01 7 2008		
City Nashville	State Zip Code TN 37243	Amount of Each	Disbursement this Period		
Purpose of Disbursement registration			100.00		
Candidate Name	Cate Ty	gory/ pe			
Office Sought: House Disburs Senate President	ement 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	