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. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00421420 Х 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) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 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 Х (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 0 1 0 1 2007 06 30 2007 Covering Period through 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 17 2007 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. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE [®] D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 7804.57 January 1 (b) Cash on Hand at 7804.57 Begining of Reporting Period 13969.67 13969.67 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 21774.24 21774.24 6(a) and 6(c) for Column B) 6402.50 6402.50 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 15371.74 15371.74 (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. 02/2003) Page 3

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

0 1 3^D0 м N 0 1 м м 0 6 2007 2007 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 11872.71 11872.71 (i) Itemized (use Schedule A) 2096.96 2096.96 (ii) Unitemized (iii) TOTAL (add 13969.67 13969.67 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 13969.67 13969.67 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), 13969.67 13969.67 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 13969.67 13969.67 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

ng Expenditures: ared Federal/Non-Federal ivity (from Schedule H4) Federal Share Non-Federal Share ner Federal Operating benditures al Operating Expenditures d 21(a)(i), (a)(ii) and (b)) rs to Affiliated/Other Party tees utions to Candidates/Committees dent Expenditure nedule E) ated Expenditures Made by Party tees (2 U.S.C. 441a(d)) tees (3 U.S.C. 441a(d)) tees (4 U.S.C. 441a(d)) tees (5 U.S.C. 441a(d)) tees (6 U.S.C. 441a(d)) tees (7 U.S.C. 441a(d)) tees (8 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (3 U.S.C. 441a(d)) tees (4 U.S.C. 441a(d)) tees (5 U.S.C. 441a(d)) tees (6 U.S.C. 441a(d)) tees (7 U.S.C. 441a(d)) tees (8 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (3 U.S.C. 441a(d)) tees (4 U.S.C. 441a(d)) tees (5 U.S.C. 441a(d)) tees (6 U.S.C. 441a(d)) tees (7 U.S.C. 441a(d)) tees (8 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (3 U.S.C. 441a(d)) tees (4 U.S.C. 441a(d)) tees (5 U.S.C. 441a(d)) tees (6 U.S.C. 441a(d)) tees (7 U.S.C. 441a(d)) tees (8 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (9 U.S.C. 441a(d)) tees (1 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (2 U.S.C. 441a(d)) tees (3 U.S.C. 441a(d)) tees (4 U.S.	0.00 0.00 350.00 350.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 350.00 350.00 0.00 0.00 0.00 0
Non-Federal Share	0.00 350.00 0.00 0.00 5000.00 0.00 0.00	0.00 350.00 0.00 0.00 5000.00 0.00 0.00
Non-Federal Share	0.00 350.00 0.00 0.00 5000.00 0.00 0.00	0.00 350.00 0.00 0.00 5000.00 0.00 0.00
ner Federal Operating penditures	350.00 350.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00 0.00	350.00 350.00 0.00 5000.00 0.00 0.00 0.00 0.00
penditures	350.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00	350.00 0.00 5000.00 0.00 0.00 0.00 0.00 0.00
d 21(a)(i), (a)(ii) and (b))	0.00 5000.00 0.00 0.00 0.00 0.00 0.00	0.00 5000.00 0.00 0.00 0.00 0.00
rs to Affiliated/Other Party tees	0.00 5000.00 0.00 0.00 0.00 0.00 0.00	0.00 5000.00 0.00 0.00 0.00 0.00
tions to Candidates/Committees	5000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00
Candidates/Committees	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00
nedule E)	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00
ated Expenditures Made by Party tiess (2 U.S.C. 441a(d)) medule F)	0.00 0.00 0.00 0.00	0.00 0.00 0.00
payments Made	0.00 0.00 0.00	0.00
lade	0.00 0.00 0.00	0.00
ividuals/Persons Other an Political Committees itical Party Committees are Political Committees ch as PACs)	0.00	0.00
an Political Committees itical Party Committees ner Political Committees ch as PACs)	0.00	0.00
ner Political Committees ch as PACs)		
ch as PACs)	0.00	0.00
al Contribution Refunds		0.00
d Lines 28(a), (b), and (c))	0.00	0.00
isbursements	1052.50	1052.50
Election Activity (2 U.S.C 431(20)) ared Federal Election Activity		
m Schedule H6) Federal Share	0.00	0.00
"Levin" Share	0.00	0.00
leral Election Activity Paid Entirely	0.00	0.00
al Federal Election Activity (add	0.00	0.00
nes 30(a)(i), 30(a)(ii) and 30(b))		
sbursements (add Lines 21(c), 22,	6402.50	6400 50
25, 26, 27, 28(d), 29 and 30(c))	0402.30	6402.50
ederal Disbursements		
i	eral Election Activity Paid Entirely in Federal Funds	eral Election Activity Paid Entirely n Federal Funds

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)	13969.67	13969.67
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13969.67	13969.67
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	350.00	350.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	350.00	350.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 28
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	CAPELLA HEALTHCARE, INC. GOVER	RNMENT A	FFAIRS COMMITTEE	
\angle	Full Name of Local Effect Medial Letters			
Α.	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
	Mailing Address 501 Corporate Centre D	rive		M M / D D / Y Y Y Y
	Suite 200			01 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.4228
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing	С		313.34
	federal political committee.			
	Name of Employer Capella Healthcare	Occupation	า	
	· · · · · · · · · · · · · · · · · · ·	President	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		313.34	
	Other (specify)	1 1	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.	J. Thomas Anderson			Date of Receipt
	Mailing Address 501 Corporate Centre D	rive		M M / D D / Y Y Y Y
	Suite 200	State	Zip Code	02 27 2007
	Brentwood	TN	37067	Transaction ID: SA11A1.4243
			37007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		156.67
				_
	Name of Employer Capella Healthcare	Occupation President		
	Receipt For:		Year-to-Date V	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	1	470.01	
_	Full Name (Last, First, Middle Initial)			Date of Descript
U.	C. J. Thomas Anderson Mailing Address 501 Corporate Centre Drive			Date of Receipt
	Suite 200	iive		03 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.4258
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing	С		156.67
	federal political committee.	0		
	Name of Employer Capella Healthcare	Occupation	1	
		President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	626.68	
	Outer (specify) V			1
s	UBTOTAL of Receipts This Page (optional)			626.68
\vdash	,			
т	OTAL This Period (last page this line number or	ılv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVERN	NMENT A	FFAIRS COMMITTEE	
۹.	Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Centre Dri	VO		Date of Receipt
	Suite 200			05 01 2007
	City Brentwood	State TN	Zip Code 37067	Transaction ID: SA11A1.4278 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37007	156.67
	Name of Employer Capella Healthcare	Occupation President	:	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 783.35	
₹	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
.	Mailing Address 501 Corporate Centre Dri Suite 200	ve		0 6 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4294
	Brentwood FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 500.00
	Name of Employer Capella Healthcare	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1283.35	
) .	Full Name (Last, First, Middle Initial) Dan Aranda			Date of Receipt
	Mailing Address 501 Corporate Centre Dri Suite 200			05 / 01 / Y Y Y Y Y Y Y
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4291 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.1007	115.62
	Name of Employer Capella Healthcare Company	Occupation Hospital (CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 231.24	
s	UBTOTAL of Receipts This Page (optional)			772.29
			<u>·</u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	CAPELLA HEALTHCARE, INC. GOVER	RNMENT A	FFAIRS COMMITTEE	
\mathbb{Z}				
Α.	Full Name (Last, First, Middle Initial)			Date of Descipt
A.	Dan Aranda Mailing Address 501 Corporate Centre D	rivo		Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	iive		06 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.4306
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing			231.24
	federal political committee.	C		231.24
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer Capella Healthcare Company	Hospital		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	460.40	1
	Other (specify)		462.48	
_				
В.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre D	rive		M " M / D " D / Y " Y " Y " Y
	Suite 200			02 27 2007
	City	State	Zip Code	Transaction ID: SA11A1.4244
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing	С		91.00
	federal political committee.			
	Name of Employer Capella Health, Inc.	Occupation		
		1	sident/Assistant PAC Treasu	rer
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	273.00	
	care (epoc.ij) \	0 0		
_	Full Name (Last, First, Middle Initial)			
C.	Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		03 31 2007
	City	State	Zip Code	Transaction ID: SA11A1.4259
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing			91.00
	federal political committee.	C		91.00
	Name of Employer	Occupation	 1	┪
	Name of Employer Capella Health, Inc.		sident/Assistant PAC Treasu	rer
	Receipt For:		Year-to-Date ▼	7
	Primary General	-	264.00	1
	Other (specify) ▼		364.00	
$\overline{}$	L			
,	IIDTOTAL of Possints This Days (anticard)		_	413.24
\vdash	UBTOTAL of Receipts This Page (optional)		······································	
				The second secon

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 28 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVERNI	MENT A	FFAIRS COMMITTEE	
A.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Driv Suite 200	е		05 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.4279
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.00
	Canalla Health Inc	Occupation /ice Pres	n sident/Assistant PAC Treasu	rer
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		455.00	1
	Other (specify) ▼		455.00	
— В.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Driv	e		M M / D D / Y Y Y Y
	Suite 200			06 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.4295
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		182.00
	Capalla Haafth Inc	Occupation /ice Pres	n sident/Assistant PAC Treasu	rer
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		637.00	1
	Other (specify) ▼	0 0	037.00	
— С.	Full Name (Last, First, Middle Initial) Rick Carter			Date of Receipt
	Mailing Address 501 Corporate Centre Drivi Suite 200	е		M M / D D / Y Y Y Y Y O D D / 2007
	City	State	Zip Code	Transaction ID: SA11A1.4292
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		143.75
	Name of Employer Capella Healthcare Company	Occupation	1	7
	Capalla Haalthaara Company	lospital		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		287.50	1
	Other (specify)	0 0	207.30	
s	UBTOTAL of Receipts This Page (optional)			416.75

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 28
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δ	ny information copied from such Reports and State	amonte may	y not be sold or used by any person	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	CAPELLA HEALTHCARE, INC. GOVERN	NMENT A	FFAIRS COMMITTEE	
\angle	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 501 Corporate Centre Drive			M M / D D / Y Y Y
	Suite 200	01-1-	7'- 01-	06 11 2007
	City Franklin	State TN	Zip Code	Transaction ID: SA11A1.4307
		TIN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		287.50
	Name of Employer Capella Healthcare Company	Occupation	1	\dashv
	Capella Healthcare Company	Hospital (CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	'''	575.00	1
	Other (specify) ▼	0 0		J.
_	Full Name (Last, First, Middle Initial)			
В.	Rick Charbonneau			Date of Receipt
	Mailing Address 501 Corporate Centre Dri Suite 200	ve		0 6 1 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.4308
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		110.00
	Name of Employer	Occupation	1	
	Capella Healthcare Company	VP Mana		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		220.00	1
	Other (specify)			J
_	Full Name (Last, First, Middle Initial)			Deta of Dessirat
C.	S. Ray Coffeey Mailing Address 501 Corporate Centre Dri	VA		Date of Receipt
	Suite 200	VG		02 27 2007
	City	State	Zip Code	Transaction ID: SA11A1.4245
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		77.28
	Name of Employer Capella Healthcare	Occupation		
			vernment Programs	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	231.84	
		0 0		1
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			474.78
		,		
1 T	OTAL This Period (last page this line number only	V)		

S

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVER	RNMENT A	FFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) A. S. Ray Coffeey			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		03 7 31 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.4260
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 77.28
	Name of Employer Capella Healthcare	Occupation VP & Go	n vernment Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 309.12	
В.	Full Name (Last, First, Middle Initial) S. Ray Coffeey			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		05 01 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.4280
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 77.28
	Name of Employer Capella Healthcare	Occupation VP & Go	n vernment Programs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 386.40	
<u> </u>	Full Name (Last, First, Middle Initial) S. Ray Coffeey			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		0 6 1 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.4296
	Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 154.56
	Name of Employer Capella Healthcare		vernment Programs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 540.96	
S	UBTOTAL of Receipts This Page (optional)			309.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 28
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200			02 27 2007
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4246
FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 84.38
Name of Employer Capella Healthcare	Occupation VP & Qu	n ality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 253.14	
Full Name (Last, First, Middle Initial) Beverly Craig	•		Date of Receipt
Mailing Address 501 Corporate Centre Suite 200			03 / 03 / 2007
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4261
FEC ID number of contributing		37007	Amount of Each Receipt this Period
federal political committee.	C		90.00
Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	
Receipt For:	_, -	e Year-to-Date ▼	
Primary General Other (specify) ▼		343.14	
Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
Mailing Address 501 Corporate Centre Suite 200			05 / 01 / 4 7 7 7
City Franklin	State TN	Zip Code	Transaction ID: SA11A1.4281
FEC ID number of contributing		37067	Amount of Each Receipt this Period
federal political committee.	C		90.00
Name of Employer Capella Healthcare		ality Management	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		433.14	
SUBTOTAL of Receipts This Page (optional)			264.38
TOTAL This De Stat Market But 19	an and A		
TOTAL This Period (last page this line number	er oniy)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	CAPELLA HEALTHCARE, INC. GOVERI	NMENT A	FFAIRS COMMITTEE	
۹.	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre Dri Suite 200			06 11 7 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4297
	FEC ID number of contributing		37007	Amount of Each Receipt this Period
	federal political committee.	C		180.00
	Name of Employer Capella Healthcare	Occupation VP & Qua	n ality Management	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		613.14	
3.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200				02 / 27 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.4247
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00	
_	Full Name (Last, First, Middle Initial)			Data of Resoint
٥.	Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Dri	ive		Date of Receipt
	Suite 200		7: 0 !	03 31 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4262 Amount of Each Receipt this Period
	FEC ID number of contributing		7,007	
	federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		340.00	
s	UBTOTAL of Receipts This Page (optional)		_	350.00
			·	
T	OTAL This Period (last page this line number onl	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 28
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Stat	emente may	y not be sold or used by any person	
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	CAPELLA HEALTHCARE, INC. GOVER	NMENT A	FFAIRS COMMITTEE	
\angle	Full Name (Least First Middle Letter)			
Α.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Drive			M M / D D / Y Y Y Y
	Suite 200			05 01 2007
	City	State	Zip Code	Transaction ID: SA11A1.4282
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	·			_
	Name of Employer Capella Healthcare, Inc.	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼		425.00	
В.	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Drive Suite 200			M M / D D / Y Y Y Y
				06 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.4298
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Todoral political continuece.			
	Name of Employer Capella Healthcare, Inc.	Occupation		
	Receipt For:	Vice Pres	Year-to-Date V	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		595.00	
C.	Full Name (Last, First, Middle Initial) Brian Hitchcock			Date of Receipt
	Mailing Address 501 Corporate Centre Dr	ive		M M / D D / Y Y Y Y
	Suite 200		7: 0 1	02 27 2007
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4248
			37007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.48
	Name of Employer	Occupation		
	Name of Employer Capella Healthcare		erials Management	
	Receipt For:		Year-to-Date ▼	
	Primary General		256.44	1
	Other (specify) ▼		200.74	1
Г				
s	UBTOTAL of Receipts This Page (optional)			340.48
۲	,		'	
lτ	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/28
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI EMIZED TIEGEII TO	Detailed Summary Page	X 11a 11b 11c 12
A . (13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	71	
CAPELLA HEALTHCARE, INC. GOVERNMENT	AFFAIRS COMMITTEE	
/ O/ 11 ELEX (112 / E 1 / 10 / 11 / E , 11 / 10 / 10 / E 11 / 10 / 11 / E 11 / 10 / 11 / E 11 / 10 / E 11 / E	711 7 711 10 001/11/11 1 1 2 2	
Full Name (Last, First, Middle Initial)		
A. Brian Hitchcock		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		03 31 2007
City State	Zip Code	Transaction ID: SA11A1.4263
Franklin TN	37067	Amount of Each Receipt this Period
EEC ID assessbase of a cartella time.	0 0 0 0 0	
federal political committee.		85.48
		_
Name of Employer Capella Healthcare Occupati	on aterials Management	
	te Year-to-Date V	_
Primary General	le real-lo-Dale ▼	1
Other (specify)	341.92	
(dp. 17)	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)		
Brian Hitchcock		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200	05 01 2007	
City State	Zip Code	Transaction ID: SA11A1.4283
Franklin TN	37067	Amount of Each Receipt this Period
FFC ID number of contributing	0.00.	
federal political committee.		85.48
Name of Employer	0.0	_
Name of Employer Occupati Capella Healthcare	aterials Management	
100 -	te Year-to-Date V	-
Primary General	te real to Bate V	1
Other (specify)	427.40	
		1
Full Name (Last, First, Middle Initial)		Data of Basel is
Meiling Address 504 On the Deliver		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		06 11 2007
City State	Zip Code	Transaction ID: SA11A1.4299
<u>Franklin</u> TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee		170.96
federal political committee.		170.00
Name of Employer Occupati	on	7
Capella Healthcare VP & M	aterials Management	
	te Year-to-Date ▼	
Primary General	598.36	1
Other (specify) ▼	J90.00	1
CURTOTAL of Descints This Desc (orthogon)		341.92
SUBTOTAL of Receipts This Page (optional)	>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16/28					
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12						
			Detailed Summary Page	13 14	$\begin{array}{c c} & 15 \\ & 15 \\ & 16 \\ & 17 \\ \end{array}$					
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso							
or i	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from su	ich committee.					
	NAME OF COMMITTEE (In Full)									
/	CAPELLA HEALTHCARE, INC. GOVER	NMENT A	FFAIRS COMMITTEE							
	Full Name (Last, First, Middle Initial)			Date of Danalat						
	Stephen Huey Mailing Address 501 Corporate Centre Dr			Date of Receipt						
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		05 01	2007					
	City	State	Zip Code	Transaction ID: SA1	1A1.4286					
	Franklin	TN	37067	Amount of Each Rece	eipt this Period					
	FEC ID number of contributing federal political committee.	C			50.00					
	Name of Employer Capella Healthcare	Occupation								
	Receipt For:	•	Finance Officer Year-to-Date ▼							
	Primary General	Aggregate	Flear-to-Date V	1						
	Other (specify)		250.00							
3.	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt						
	Mailing Address 501 Corporate Centre Dr	M M / D D /	YYYY							
	Suite 200	03 31	2007							
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA1						
		IIN	3/06/	Amount of Each Rece	elpt this Period					
	FEC ID number of contributing federal political committee.	C			60.00					
	Name of Employer Capella Healthcare	Occupation								
	Receipt For:		Finance Officer Year-to-Date ▼	_						
	Primary General	Aggregate	: Teal-to-Date V	1						
	Other (specify) ▼	0 0	234.99							
Э.	Full Name (Last, First, Middle Initial) George Kruger			Date of Receipt						
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		0 5 0 1	2007					
	City	State	Zip Code	Transaction ID: SA1						
	Franklin	TN	37067	Amount of Each Rece						
	FEC ID number of contributing federal political committee.	C			60.00					
	Name of Employer Capella Healthcare	Occupation	1							
		•	Finance Officer							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		294.99							
	Cutor (specify)	-								
SI	JBTOTAL of Receipts This Page (optional)				170.00					
T	OTAL This Period (last page this line number on	ly)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 28 (check only one)							
			or each category of the							
• •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12						
			, ,	13 14 15 16 17						
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
\rangle	CAPELLA HEALTHCARE, INC. GOVER	NMENT A	FFAIRS COMMITTEE							
Α.				Date of Receipt						
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		06 11 2007						
	City	State	Zip Code	Transaction ID: SA11A1.4304						
	Franklin	TN	37067	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		120.00						
	Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼	0 0	414.99							
В.	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt						
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		05 01 YYYYY 2007						
	City	State	Zip Code	Transaction ID: SA11A1.4288						
	Franklin	TN	37067	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		160.00						
	Name of Employer Capella Healthcare Company	Occupation Hospital								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General	1 1	222.00	1						
	Other (specify) ▼		320.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt						
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		06 11 2007						
	City	State	Zip Code	Transaction ID: SA11A1.4303						
	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	Occupation Hospital								
	Receipt For:	•	e Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼	0 0	640.00							
				600.00						
S	UBTOTAL of Receipts This Page (optional)		·····	000.00						

SCHEDULE A (FEC Fo	orm 3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one) X
Any information copied from such F or for commercial purposes, other the	leports and Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Ful CAPELLA HEALTHCARE,		FFAIRS COMMITTEE	
Full Name (Last, First, Middle In Tom Pemberton Mailing Address 501 Corpor Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify)	State TN C Occupation Senior V	Zip Code 37067 n P and COO e Year-to-Date ▼	Date of Receipt M M D D D D D D D D D D D D D D D D
Full Name (Last, First, Middle In D. Andrew Slusser Mailing Address 501 Corpor Suite 200 City Franklin FEC ID number of contributing federal political committee.	ate Centre Drive 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 Receipt For: Primary General Other (specify) ▼		n P & Development Officer e Year-to-Date ▼	
Full Name (Last, First, Middle In D. Andrew Slusser Mailing Address 501 Corpor Suite 200 City Franklin FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)	State TN C Occupation Senior VI	Zip Code 37067 n P & Development Officer e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11A1.4249 Amount of Each Receipt this Period 195.83
SUBTOTAL of Receipts This Page	e (optional))	1587.49
TOTAL This Period (last page this	line number only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/28			
ITEMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 12			
	Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMITTEE				
Full Name (Last, First, Middle Initial) A. D. Andrew Slusser		Date of Receipt			
Mailing Address 501 Corporate Centre Suite 200		03 / 03 / 2007			
City	State Zip Code	Transaction ID: SA11A1.4264			
Franklin	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	195.83			
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	783.32				
Full Name (Last, First, Middle Initial) B. D. Andrew Slusser	1	Date of Receipt			
Mailing Address 501 Corporate Centre Suite 200	Drive	05 / 01 / 4 4 4 4 4			
City	State Zip Code	Transaction ID: SA11A1.4284			
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	195.83			
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	979.15				
Full Name (Last, First, Middle Initial) C. D. Andrew Slusser	I	Date of Receipt			
Mailing Address 501 Corporate Centre Suite 200	Mailing Address 501 Corporate Centre Drive				
City	State Zip Code	Transaction ID: SA11A1.4300			
<u>Franklin</u>	TN 37067	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	391.66			
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1370.81				
SUBTOTAL of Receipts This Page (optional)		783.32			
TOTAL This Period (last nage this line number	c only)				

S	CHEDULE A (FEC Form 3X)		Llas sanavata sahadula(s)	FOR LINE NUMBER: PAGE 20 / 28
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	CAPELLA HEALTHCARE, INC. GOVER	RNMENT A	FFAIRS COMMITTEE	
\angle				
Α.	Full Name (Last, First, Middle Initial)			Data of Descipt
Α.	Warren Smith Mailing Address 501 Corporate Centre D	rivo		Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	live		06 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.4302
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing			70.50
	federal political committee.	C		70.50
	Name of Employer	Occupation	1	┪
	Name of Employer Capella Healthcare		Finance Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1	046.7F	1
	Other (specify) ▼		246.75	
_	E. III Novo (Look Elsek Miskelle Leitiel)			_
В.	Full Name (Last, First, Middle Initial) Charles Somerby			Date of Receipt
	Mailing Address 501 Corporate Centre D	rive		M M / D D / Y Y Y Y
	Suite 200			01 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.4242
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	rederal political committee.			
	Name of Employer Capella Healthcare	Occupation		
	·		of Operations	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
		1		
_	Full Name (Last, First, Middle Initial)			
C.	Howard Wall			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		01 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.4236
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing			400.00
	federal political committee.	C		400.00
	Name of Employer Capella Healthcare	Occupation	1	7
	Capella Healthcare	1 '	2 & General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify) ▼		400.00	
ا	UBTOTAL of Receipts This Page (optional)			720.50
-	ODIOTAL OF RECEIPES THIS Fage (Optional)		······································	

SCHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 21 / 28
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	AFFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre E Suite 200 City Franklin	Orive State TN	Zip Code 37067	Date of Receipt M M M
FEC ID number of contributing federal political committee.	C	37007	Amount of Each Receipt this Period 200.00
Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼		P & General Counsel e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre E	Orive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Suite 200 City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Capella Healthcare		P & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) C. Howard Wall			Date of Receipt
Mailing Address 501 Corporate Centre D Suite 200	Prive		05 01 7 2007
City Franklin	State TN	Zip Code 37067	Transaction ID: SA11A1.4285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Capella Healthcare		P & General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line number of	only)		

				_							
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 28							
ITEMIZED RECEIPTS			or each category of the	(check only one)							
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12							
			,	13 14 15 16 17							
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\vdash	NAME OF COMMITTEE (In Full)										
\rangle	CAPELLA HEALTHCARE, INC. GOVER	NMENT A	FFAIRS COMMITTEE								
Α.	Full Name (Last, First, Middle Initial) Howard Wall			Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		06 11 7 2007							
	City	State	Zip Code	Transaction ID: SA11A1.4301							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		400.00							
	Name of Employer Capella Healthcare	Occupation Senior V	n P & General Counsel								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼	0 0	1400.00								
В.	Full Name (Last, First, Middle Initial) Denise Warren			Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		0 1 1 6 2 0 0 7							
	City	State	Zip Code	Transaction ID: SA11A1.4237							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		475.00							
	Name of Employer Capella Healthcare	Occupation Senior V	n P & Finance Officer								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General	33 -3		1							
	Other (specify) ▼		475.00								
<u> </u>	Full Name (Last, First, Middle Initial) Denise Warren			Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	ive		0 2 D D D D D D D D D D D D D D D D D D							
	City	State	Zip Code	Transaction ID: SA11A1.4251							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		237.50							
	Name of Employer Capella Healthcare										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 712.50								
s	UBTOTAL of Receipts This Page (optional)			1112.50							
\vdash				_							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 28							
ITEMIZED RECEIPTS			or each category of the	(check only one)							
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\vdash	NAME OF COMMITTEE (In Full)										
\rangle	CAPELLA HEALTHCARE, INC. GOVER	NMENT A	FFAIRS COMMITTEE								
Α.				Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	rive		02 27 2007							
	City	State	Zip Code	Transaction ID: SA11A1.4257							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1762.50							
	Name of Employer Capella Healthcare	Occupation Senior V	n P & Finance Officer								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼	0 0	2475.00								
В.	Full Name (Last, First, Middle Initial) Carolyn Williams			Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	rive		03 31 2007							
	City	State	Zip Code	Transaction ID: SA11A1.4271							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		56.69							
	Name of Employer Capella Healthcare	Occupation Hospital	n Chief Nursing Officer								
	Receipt For:		e Year-to-Date ▼								
	Primary General	33 - 3		1							
	Other (specify) ▼		226.76								
<u> </u>	Full Name (Last, First, Middle Initial) Carolyn Williams			Date of Receipt							
	Mailing Address 501 Corporate Centre Dr Suite 200	rive		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: SA11A1.4290							
	Franklin	TN	37067	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		56.69							
	Name of Employer Capella Healthcare										
	Receipt For: Primary General Other (specify) ▼		Chief Nursing Officer Year-to-Date ▼ 283.45								
s	UBTOTAL of Receipts This Page (optional)			1875.88							
-			<u> </u>	-							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Capella Healthcare

Primary

Receipt For:

Suite 200

General

501 Corporate Centre Drive

Carolyn Williams

Mailing Address

City

Franklin

FOR LINE NUMBER: PAGE 24/28 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 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. CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Date of Receipt 06 2007 11 State Zip Code Transaction ID: SA11A1.4305 TN 37067 Amount of Each Receipt this Period C 113.38 Occupation Hospital Chief Nursing Officer Aggregate Year-to-Date ▼

396.83

SUBTOTAL of Receipts This Page (optional)		113.38
TOTAL This Period (last page this line number only)	<u> </u>	11872.71

Image# 27990307945

_																		
SCHEDULE B (FEC Form 3X)			Use seperate schedule(s)				FOR LINE NUMBER: (check only one)					PAGE 25/28						
IT	TEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page			X	21b 27	$\prod_{i=1}^{n}$	22 28a	П	23 28b	П	24 28c	П	25 29		26 30b
	y Information copied for commercial purpo																3	
\rangle	NAME OF COMMIT	` ,	GOVERNM	IENT AFF	FAIRS COMM	IITTE	ΞE											
Full Name (Last, First, Middle Initial) A. KraftCPAs PLLC										Transaction ID: SB21B.4221 Date of Disbursement M 0 3 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
Mailing Address 555 Great Circle Road Suite 200			e Road							0 3	_	1	5	L	2	00/	_	
	City Nashville		_	State ΓN	Zip Code 37228					Amou	nt of	Each	Dis	burser			-	d
Purpose of Disbursement accounting fees															•	210.0	00	
	Candidate Name					1	ateg Typ	•										
	Office Sought:	House Senate President		nent For: Primary Other (spe	General													
	State: D	istrict:			• •													

SUBTOTAL of Disbursements This Page (optional)	•	210.00
TOTAL This Period (last page this line number only)	•	210.00

SCHEDULE B (FEC Form 3X)

SCHEDULL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check on	NUMBER: PAGE 26/28	_		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26	6 0b		
Any Information copied from such Reports and						
or for commercial purposes, other than using the	ne name and address of any politica	committee to so	DICIT CONTRIBUTIONS From Such Committee	_		
NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	VERNMENT AFFAIRS COMM	ITTEE				
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4226			
FEDERATION OF AMERICAN HOS	Date of Disbursement					
Mailing Address 801 PENNSYLVAN SUITE 245	IIA AVENUE		05 7 3 1 7 2 0 0 7			
City WASHINGTON	State Zip Code DC 20004		Amount of Each Disbursement this Period	1		
Purpose of Disbursement fundraiser		-	1000.00			
Candidate Name		Category/ Type				
Office Sought: Senate President State: District:	isbursement For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4218	_		
FRIENDS OF JAY ROCKEFELLER	,					
Mailing Address PO BOX 1909	$\begin{bmatrix} 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 2 & 6 & 0 & Y & Y & Y & Y & Y & Y & Y & Y & Y$					
City CHARLESTON	State Zip Code WV 25327		Amount of Each Disbursement this Period	1		
Purpose of Disbursement fundraiser	1000.00					
Candidate Name FRIENDS OF JAY ROCKEFELLER	Category/ Type					
X Senate President	isbursement For: 2010 X Primary General Other (specify)					
State: WV District: 00 Full Name (Last, First, Middle Initial)			- " - 0000 4004	_		
FRIENDS OF MAX BAUCUS			Transaction ID: SB23.4224 Date of Disbursement			
Mailing Address PO BOX 586	05 7 3 1 7 2 0 0 7					
City HELENA	State Zip Code MT 59624		Amount of Each Disbursement this Period	1		
Purpose of Disbursement contribution	Purpose of Disbursement					
Candidate Name FRIENDS OF MAX BAUCUS		Category/ Type				
Office Sought: House C X Senate President State: MT District: 00	isbursement For: 2008 X Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (or	tional)		3000.00	Ī		
				í		
TOTAL This Period (last page this line numb	er only)			П		

	CHEDULE B (FEC Form 3)	′ Use sepe	Use seperate schedule(s)			E NUMBER: PAGE 27 / 28							
П	EMIZED DISBURSEMENT		category of the Summary Page		21b 27	22 28a	X	23 28b	24 28c	F	25 29	Н	26 30b
	y Information copied from such Reports an for commercial purposes, other than using											s	
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GC	OVERNMENT AFF	FAIRS COMMI	TTEE									
Α.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC Mailing Address PO BOX 1000					Date	of Di	sburse	SB23.4 ement		2 2 o ó 7	7 ^Y	
	City DES MOINES	State IA	Zip Code 50304			Amou	int of	Each	Disburse	-	nt this F	-	od
	Purpose of Disbursement fundraiser						-			_	1000.	UU	
	Candidate Name			Cate Ty									
	Office Sought: X Senate President State: IA District: 00	Disbursement For: X Primary Other (spe	2010 General ecify) ▼										
В.	Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS					Date		sburse				Y	
	Mailing Address PO Box 5577 MANHATTANVILLE STA					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City New York	State NY	Zip Code 10027			Amou	int of	Each	Disburse	-		-	d
	Purpose of Disbursement contribution			ů		L.		-			1000.	00	
	Candidate Name RANGEL FOR CONGRESS			Cate Ty									
	Office Sought: X House Senate President State: NY District: 15	Disbursement For: X Primary Other (spe	2008 General										

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	5000.00

S	CHEDULE B (FEC Form 3X)		LEODLINE	DACE 00 / 00				
	· · · · · · · · · · · · · · · · · · ·	Use seperate schedule(s)	FOR LINE N					
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26				
_			27	28a 28b 28c X 29 30b				
	y Information copied from such Reports and S for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AFFAIRS COMMI	TTEE					
	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.4216				
A.	OHA-PAC		Date of Disbursement					
	Mailing Address 4000 Lincoln Blvd			$ \begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 7 \end{bmatrix}^{Y} $				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Oklahoma City	OK 73105		1000.00				
	Purpose of Disbursement contribution			1000.00				
	Candidate Name		Category/ Type					
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼						
	Full Name (Last, First, Middle Initial)							
В.	Oklahoma Ethics Commission		Transaction ID: SB29.4215 Date of Disbursement O 1 P 1 9 Y 2 0 0 7					
	Mailing Address 2300 N Lincoln Blvd Rm B-5							
	City Oklahoma City	State Zip Code OK 73105		Amount of Each Disbursement this Period				
	Purpose of Disbursement registration fee			52.50				
	Candidate Name		Category/ Type					
		bursement For:						
	Senate	Primary General						
	President	Other (specify)						
	State: District:							

SUBTOTAL of Disbursements This Page (optional)		1052.50
TOTAL This Period (last page this line number only)	•	1052.50