

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eugene A. (Tony) Fay

Signature of Treasurer Electronically Filed by Eugene A. (Tony) Fay Date 07 17 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		7804.57
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	7804.57									
(c) Total Receipts (from Line 19)	13969.67	13969.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21774.24	21774.24								
7. Total Disbursements (from Line 31)	6402.50	6402.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15371.74	15371.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11872.71	11872.71
(i) Itemized (use Schedule A)	2096.96	2096.96
(ii) Unitemized	13969.67	13969.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	13969.67	13969.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13969.67	13969.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13969.67	13969.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	350.00	350.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	350.00	350.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1052.50	1052.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6402.50	6402.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6402.50	6402.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13969.67	13969.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13969.67	13969.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	350.00	350.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	350.00	350.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) A. J. Thomas Anderson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4228	
City Brentwood	State TN	Zip Code 37067	Amount of Each Receipt this Period 313.34
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.34		

Full Name (Last, First, Middle Initial) B. J. Thomas Anderson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4243	
City Brentwood	State TN	Zip Code 37067	Amount of Each Receipt this Period 156.67
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.01		

Full Name (Last, First, Middle Initial) C. J. Thomas Anderson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4258	
City Brentwood	State TN	Zip Code 37067	Amount of Each Receipt this Period 156.67
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.68		

SUBTOTAL of Receipts This Page (optional) ▶	626.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. J. Thomas Anderson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4278	
City State Zip Code Brentwood TN 37067	Amount of Each Receipt this Period 156.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 783.35		

Full Name (Last, First, Middle Initial) B. J. Thomas Anderson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4294	
City State Zip Code Brentwood TN 37067	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1283.35		

Full Name (Last, First, Middle Initial) C. Dan Aranda		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4291	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 115.62		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.24		

SUBTOTAL of Receipts This Page (optional) ▶	772.29
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dan Aranda		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4306
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 231.24	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.48	

B. Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4244
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

C. Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4259
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 91.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

SUBTOTAL of Receipts This Page (optional) ▶	413.24
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
 Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Health, Inc. Occupation Vice President/Assistant PAC Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4279

Amount of Each Receipt this Period
 91.00

B. Full Name (Last, First, Middle Initial)
 Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Health, Inc. Occupation Vice President/Assistant PAC Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 637.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.4295

Amount of Each Receipt this Period
 182.00

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Company Occupation Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4292

Amount of Each Receipt this Period
 143.75

SUBTOTAL of Receipts This Page (optional)	416.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Rick Carter		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4307
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 287.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

B. Full Name (Last, First, Middle Initial) Rick Charbonneau		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4308
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 110.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) S. Ray Coffeey		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4245
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 77.28	
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.84	

SUBTOTAL of Receipts This Page (optional) ▶	474.78
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. S. Ray Coffeey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	7													
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4260																				
City Franklin	State TN	Zip Code 37067																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.28																				
Name of Employer Capella Healthcare	Occupation VP & Government Programs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.12																					

Full Name (Last, First, Middle Initial) B. S. Ray Coffeey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	1		2	0	0	7													
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4280																				
City Franklin	State TN	Zip Code 37067																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 77.28																				
Name of Employer Capella Healthcare	Occupation VP & Government Programs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.40																					

Full Name (Last, First, Middle Initial) C. S. Ray Coffeey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	7													
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4296																				
City Franklin	State TN	Zip Code 37067																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 154.56																				
Name of Employer Capella Healthcare	Occupation VP & Government Programs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.96																					

SUBTOTAL of Receipts This Page (optional)	309.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4246	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 84.38		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.14		

Full Name (Last, First, Middle Initial) B. Beverly Craig		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4261	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.14		

Full Name (Last, First, Middle Initial) C. Beverly Craig		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4281	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.14		

SUBTOTAL of Receipts This Page (optional) ▶	264.38
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4297	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.14		

Full Name (Last, First, Middle Initial) B. Eugene A. (Tony) Fay		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4247	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) C. Eugene A. (Tony) Fay		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4262	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Eugene A. (Tony) Fay		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4282	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) B. Eugene A. (Tony) Fay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4298	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 170.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00		

Full Name (Last, First, Middle Initial) C. Brian Hitchcock		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4248	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Materials Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.44		

SUBTOTAL of Receipts This Page (optional) ▶	340.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4263	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Materials Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.92		

B. Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4283	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 85.48		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Materials Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.40		

C. Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4299	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 170.96		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation VP & Materials Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 598.36		

SUBTOTAL of Receipts This Page (optional) ▶	341.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen Huey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4286	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. George Kruger		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4270	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.99		

Full Name (Last, First, Middle Initial) C. George Kruger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4289	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.99		

SUBTOTAL of Receipts This Page (optional) ▶	170.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) George Kruger		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4304	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.99		

B. Full Name (Last, First, Middle Initial) Jon O'Shaunnesy		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4288	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

C. Full Name (Last, First, Middle Initial) Jon O'Shaunnesy		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4303	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 320.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Tom Pemberton		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4256	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare Company	Occupation Senior VP and COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. D. Andrew Slusser		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4235	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 391.66
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.66		

Full Name (Last, First, Middle Initial) C. D. Andrew Slusser		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4249	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 195.83
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & Development Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 587.49		

SUBTOTAL of Receipts This Page (optional) ▶	1587.49
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Senior VP & Development Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 783.32

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2007

Transaction ID: SA11A1.4264

Amount of Each Receipt this Period
 195.83

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Senior VP & Development Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 979.15

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2007

Transaction ID: SA11A1.4284

Amount of Each Receipt this Period
 195.83

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Senior VP & Development Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1370.81

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2007

Transaction ID: SA11A1.4300

Amount of Each Receipt this Period
 391.66

SUBTOTAL of Receipts This Page (optional)	783.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Hospital Finance Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 246.75

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 11 / 2007

Transaction ID: SA11A1.4302

Amount of Each Receipt this Period
 70.50

B. Full Name (Last, First, Middle Initial)
 Charles Somerby

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Brentwood TN 37067

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

Name of Employer Occupation
 Capella Healthcare Director of Operations

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 16 / 2007

Transaction ID: SA11A1.4242

Amount of Each Receipt this Period
 250.00

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

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Senior VP & General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 16 / 2007

Transaction ID: SA11A1.4236

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)	720.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Howard Wall		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4250	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Howard Wall		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4265	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Howard Wall		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4285	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Howard Wall		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4301 Amount of Each Receipt this Period 400.00
City State Zip Code Franklin TN 37067	FEC ID number of contributing federal political committee. C	
Name of Employer Capella Healthcare	Occupation Senior VP & General Counsel	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

B. Full Name (Last, First, Middle Initial) Denise Warren		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4237 Amount of Each Receipt this Period 475.00
City State Zip Code Franklin TN 37067	FEC ID number of contributing federal political committee. C	
Name of Employer Capella Healthcare	Occupation Senior VP & Finance Officer	Amount of Each Receipt this Period 475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C. Full Name (Last, First, Middle Initial) Denise Warren		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2007
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4251 Amount of Each Receipt this Period 237.50
City State Zip Code Franklin TN 37067	FEC ID number of contributing federal political committee. C	
Name of Employer Capella Healthcare	Occupation Senior VP & Finance Officer	Amount of Each Receipt this Period 237.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 712.50	

SUBTOTAL of Receipts This Page (optional) ▶	1112.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Denise Warren		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4257	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 1762.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Senior VP & Finance Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2475.00		

Full Name (Last, First, Middle Initial) B. Carolyn Williams		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4271	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 56.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Chief Nursing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.76		

Full Name (Last, First, Middle Initial) C. Carolyn Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11A1.4290	
City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 56.69		
FEC ID number of contributing federal political committee. C			
Name of Employer Capella Healthcare	Occupation Hospital Chief Nursing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.45		

SUBTOTAL of Receipts This Page (optional) ▶	1875.88
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Carolyn Williams

Mailing Address 501 Corporate Centre Drive
 Suite 200

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Capella Healthcare Hospital Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 396.83

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2007

Transaction ID: SA11A1.4305

Amount of Each Receipt this Period
 113.38

SUBTOTAL of Receipts This Page (optional)	▶	113.38
TOTAL This Period (last page this line number only)	▶	11872.71

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 28

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

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

Full Name (Last, First, Middle Initial) A. KraftCPAs PLLC		Transaction ID: SB21B.4221 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 555 Great Circle Road Suite 200		Amount of Each Disbursement this Period 210.00	
City Nashville State TN Zip Code 37228	Purpose of Disbursement accounting fees	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FEDERATION OF AMERICAN HOSPITALS PAC		Transaction ID: SB23.4226 Date of Disbursement
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement fundraiser		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.4218 Date of Disbursement
Mailing Address PO BOX 1909		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement fundraiser		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FRIENDS OF JAY ROCKEFELLER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00	Category/Type	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4224 Date of Disbursement
Mailing Address PO BOX 586		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FRIENDS OF MAX BAUCUS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement fundraiser

Candidate Name

Category/Type

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4222

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Purpose of Disbursement contribution

Candidate Name RANGEL FOR CONGRESS

Category/Type

Office Sought: House Senate President
State: NY District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4220

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. OHA-PAC		Transaction ID: SB29.4216 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 4000 Lincoln Blvd		Amount of Each Disbursement this Period 1000.00	
City Oklahoma City	State OK		Zip Code 73105
Purpose of Disbursement contribution			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Oklahoma Ethics Commission		Transaction ID: SB29.4215 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2300 N Lincoln Blvd Rm B-5		Amount of Each Disbursement this Period 52.50	
City Oklahoma City	State OK		Zip Code 73105
Purpose of Disbursement registration fee			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ►

1052.50

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

1052.50