



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		25601.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	18800.29									
(c) Total Receipts (from Line 19) .....	3666.99	50379.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22467.28	75980.78								
7. Total Disbursements (from Line 31) .....	160.00	53673.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22307.28	22307.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A) .....	3451.99	45052.75
(ii) Unitemized .....	215.00	5326.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3666.99	50379.59
(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) .....	3666.99	50379.59
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)) .....	3666.99	50379.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3666.99	50379.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	160.00	2248.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	160.00	2248.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	37800.00
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	125.00
(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	125.00
29. Other Disbursements.....	0.00	13500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	160.00	53673.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	160.00	53673.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3666.99	50379.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3666.99	50254.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.00	2248.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	160.00	2248.50

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

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

FOR LINE NUMBER: PAGE 6 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
 J. Thomas Anderson

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
**Brentwood TN 37067**

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

Name of Employer Occupation  
 Capella Healthcare President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3500.00

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

**Transaction ID: SA11AI.5583**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Bruce Baldwin

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City State Zip Code  
**Brentwood TN 37027**

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

Name of Employer Occupation  
 Capella Healthcare Hospital CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1260.00

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

**Transaction ID: SA11AI.5605**

Amount of Each Receipt this Period  
 140.00

**C.** Full Name (Last, First, Middle Initial)  
 John Bradford

Mailing Address 501 Corporate Centre Drive

City State Zip Code  
**Franklin TN 37067**

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

Name of Employer Occupation  
 Capella Healthcare Legal Ops Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

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

**Transaction ID: SA11AI.5584**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **430.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Steven R. Brumfield		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5585
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.00
Name of Employer Capella Health, Inc.	Occupation Vice President/Assistant PAC Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1274.00	

**B.**

Full Name (Last, First, Middle Initial) Michelle Carpenter		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5588
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.50
Name of Employer Capella Healthcare	Occupation Director Patient Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.50	

**C.**

Full Name (Last, First, Middle Initial) S. Ray Coffey		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5589
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 1081.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Beverly Craig		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5590
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
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 ▼ 1050.00	

**B.**

Full Name (Last, First, Middle Initial) Patricia Crumpton		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5614
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5591
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
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 ▼ 1190.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kevin Fowler

Mailing Address 501 Corporate Centre Drive

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.5621

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Jim Geist

Mailing Address 501 Corporate Centre Drive

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Capella Healthcare Hospital CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.5624

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kirk Hanson

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 Director and CIO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.5592

Amount of Each Receipt this Period  
25.00

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

250.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Brian Hitchcock  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5593  
 Amount of Each Receipt this Period  
 85.48  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare VP & Materials Management  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1196.72

**B.** Full Name (Last, First, Middle Initial)  
 Jerry Mabry  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5615  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00

**C.** Full Name (Last, First, Middle Initial)  
 Mike McCoy  
 Mailing Address 501 Corporate Centre Drive  
 Suite 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5612  
 Amount of Each Receipt this Period  
 130.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Capella Healthcare Hospital CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1820.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.48  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 11 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Tim McGill

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 12 / 10 / 2010  
**Transaction ID: SA11AI.5610**  
 Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
 Mark Medley

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 12 / 10 / 2010  
**Transaction ID: SA11AI.5594**  
 Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
 Dirk Morgan

Mailing Address 501 Corporate Centre Drive  
 Suite 200

City Franklin State TN Zip Code 37067

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

Name of Employer Capella Healthcare Occupation Division CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 12 / 10 / 2010  
**Transaction ID: SA11AI.5595**  
 Amount of Each Receipt this Period 75.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt MM / DD / YYYY 12 / 10 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5607	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capella Healthcare	Occupation Hospital CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

**B.**

Full Name (Last, First, Middle Initial) Butch Naylor		Date of Receipt MM / DD / YYYY 12 / 10 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5609	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capella Healthcare	Occupation Hospital CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

**C.**

Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 12 / 10 / 2010	
Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5616	
City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capella Healthcare	Occupation Hospital COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Christina Patterson  
 Mailing Address 501 Corporate Center Dr Ste 200  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5608  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Company Occupation Hospital CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

**B.** Full Name (Last, First, Middle Initial)  
 Lynn Peoples  
 Mailing Address 501 Corporate Center Dr Ste 200  
 City State Zip Code  
 Brentwood TN 37027  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5606  
 Amount of Each Receipt this Period  
 56.25  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation Hospital CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 506.25

**C.** Full Name (Last, First, Middle Initial)  
 Mitzi Pouncy  
 Mailing Address 501 Corporate Centre Drive  
 City State Zip Code  
 Franklin TN 37067  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.5611  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capella Healthcare Occupation Hospital CNO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **131.25**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Self		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 2		<b>Transaction ID:</b> SA11AI.5596		
	City Brentwood	State TN	Zip Code 37067	Amount of Each Receipt this Period 93.75	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Capella Healthcare		Occupation VP/Risk Mgmt		Aggregate Year-to-Date ▼ 843.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Slipkovich		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5597		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Capella Healthcare Company		Occupation Chief Executive Officer		Aggregate Year-to-Date ▼ 3500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5598		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 195.83	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Capella Healthcare		Occupation Senior VP & Development Officer		Aggregate Year-to-Date ▼ 2741.62	

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

**539.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 18
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt																					
	Mailing Address 501 Corporate Centre Drive Suite 200		<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>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	0		2	0	1	0														
	City State Zip Code Franklin TN 37067		<b>Transaction ID:</b> SA11AI.5599																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation Capella Healthcare Hospital Finance Officer		<table border="1"> <tr> <td colspan="10">35.25</td> </tr> </table>		35.25																				
35.25																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">493.50</td> </tr> </table>		493.50																				
493.50																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Wendell Van Es		Date of Receipt																					
	Mailing Address 501 Corporate Centre Drive Suite 201		<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>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	0		2	0	1	0														
	City State Zip Code Franklin TN 37067		<b>Transaction ID:</b> SA11AI.5613																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation Capella Healthcare Hospital CFO		<table border="1"> <tr> <td colspan="10">58.40</td> </tr> </table>		58.40																				
58.40																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">817.60</td> </tr> </table>		817.60																				
817.60																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Rodney VonDonkelaar		Date of Receipt																					
	Mailing Address 501 Corporate Centre Drive		<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>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	0		2	0	1	0														
	City State Zip Code Franklin TN 37067		<b>Transaction ID:</b> SA11AI.5618																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																					
Name of Employer Occupation Capella Healthcare Hospital CFO		<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>		100.00																				
100.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																				
300.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"> <tr> <td>193.65</td> </tr> </table>	193.65
193.65			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"> <tr> <td> </td> </tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 18

(check only one)

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

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

**A.**

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

Mailing Address 501 Corporate Centre Drive  
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. C

Name of Employer Capella Healthcare Occupation Senior VP & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

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

**Transaction ID:** SA11AI.5600

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Wampler

Mailing Address 501 Corporate Centre Drive, Ste 20

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. C

Name of Employer Capella Healthcare Company Occupation VP & Operations CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

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

**Transaction ID:** SA11AI.5601

Amount of Each Receipt this Period 135.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Wiechart

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. C

Name of Employer Capella Healthcare Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 723.75

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

**Transaction ID:** SA11AI.5617

Amount of Each Receipt this Period 241.25

**SUBTOTAL** of Receipts This Page (optional) ..... 476.25

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



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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Wiseman		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5602		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Capella Healthcare		Occupation VP of Tax		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1120.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Lori Wooten		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5603		
	City Brentwood	State TN	Zip Code 37027	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Capella Healthcare		Occupation VP/Financial Ops		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lee Yuill		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 501 Corporate Centre Drive Suite 200		<b>Transaction ID:</b> SA11AI.5604		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Capella Healthcare		Occupation VP of Internal Audit		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 980.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3451.99</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

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

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

A.

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

Transaction ID: SB21B.5626  
Date of Disbursement

Mailing Address 555 Great Circle Road  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	1	0

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

160.00
--------

Purpose of Disbursement  
accounting fees

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

160.00

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

160.00