FEC FORM 3X	AN	ND DISE	OF REC URSEN An Authorize	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fr		FEC MAILING		ample:If typing er the lines	, type			
ADDRESS (number and	street)	01 CORPORAT		VE STE 200				
Check if differ than previousl reported. (AC	y L <sup>F</sup>	   RANKLIN 					37067 37067 ZIPCODE	
C00421420			3. IS THIS REPOR		NEW N) <b>OR</b>		ENDED	<u> </u>
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -EI Report (d) 30-Day <b>Post</b> -E Report	for the: Election on	3)	12C)	Sep 2	20 (M8) (N 20 (M9) De 20 (M10) X Ja 12G) R 2S) in the State of	w 20 (M11) on-Election ar Only) on-Election ar Only) n 31 (YE) unoff (12R)
5. Covering Period	1 1		0 1 0 of my knowledge	through	12 true, correct a	3 1 nd complete.	2010	
Type or Print Name of T	reasurer _	Eugene A. (Tony	v) Fay					
Signature of Treasurer	Electronicall	y Filed by Eug	ene A. (Tony) Fa	у	Da	ate 01	28 20	11
NOTE : Submission of	alse, erroneous	s, or incomplete i	nformation may s	ubject the pers	on signing this	Report to the	penalties of 2 U.S.C	437g.
Office Use Only							FEC FORM (Rev. 12/2004)	3X

Image# 11990125937

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 18

١	Vrite or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMI	ENT AFFAIRS COMMITTEE	
F	Report Covering the Period: From:		Fo: M M M 1 2 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 2010 <sup>Y Y Y</sup>		25601.19
	(b) Cash on Hand at Begining 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	

X 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

#### Image

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE м м 11 2<sup>D</sup>3 м м 12 3<sup>D</sup>1 D 2010 D 2010 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3451.99 45052.75 (i) Itemized (use Schedule A) ..... 215.00 5326.84 (ii) Unitemized ..... (iii) TOTAL (add 3666.99 50379.59 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 3666.99 50379.59 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00

0.00

0.00

0.00

0.00

0.00

0.00

3666.99

3666.99

14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... 17. Other Federal Receipts (Dividends, Interest, etc.) .....

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) ..... (b) Levin Funds (from Schedule H5) ......

(c) Total Transfer (add 18(a) and 18(b)).

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....

20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....

_			
			0.00
			0.00
			0.00
Г	 	 	50379.59

50379.59

0.00

0.00

0.00

#	119901	25938	

3 / 18

### Image# 11990125939

## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	COLUMN B
II. DISBURSEMENTS	Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal Activity (from Schedule H4)</li> </ul> </li> </ol>	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
Expenditures	160.00	2248.50
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii) and (b))</li> </ul>	160.00	2248.50
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	37800.00
(use Schedule E) 25. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
<ol> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other</li> </ul> </li> </ol>	0.00	125.00
Than Political Committees	0.00	
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	125.00
9. Other Disbursements	0.00	13500.00
<ul> <li>i0. Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity (from Schedule H6)</li> </ul>		
(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
<ol> <li>Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).</li> </ol>	160.00	53673.50
20, 24, 20, 20, 27, 20(0), 20 and $30(0)$ .		
<ol> <li>Total Federal Disbursements</li> <li>(subtract Line 21(a)(ii) and Line 30(a)(ii)</li> </ol>		
from Line 31)	160.00	53673.50

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# DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 18

	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

_				FOR LINE NUMBER: PAGE 6 / 18
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 18 (check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Г	Annulation possible from a state Description (10)			
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
. ~	Full Name (Last, First, Middle Initial) J. Thomas Anderson			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5583
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Capella Healthcare	Occupatio Presiden		
	Receipt For:	1	Year-to-Date ▼	-
	Primary     General       Other (specify) ▼		3500.00	]
_	Full Name (Last, First, Middle Initial) Bruce Baldwin	I		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200		M M / D D / Y Y Y Y 12 10 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5605
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		140.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	1260.00	]
_	Full Name (Last, First, Middle Initial) John Bradford			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5584
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Capella Healthcare	Occupatio Legal Op	n os Director	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	360.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			430.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one) X 11a 11b 11c 12
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE			
۷ ۱.	Full Name (Last, First, Middle Initial) Steven R. Brumfield			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		1 2 / D D / Y Y Y Y 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5585
	Franklin FEC ID number of contributing federal political committee.		37067	Amount of Each Receipt this Period 91.00
	Name of Employer Capella Health, Inc.	Occupatio Vice Pres	n sident/Assistant PAC Treasu	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1274.00	]
-	Full Name (Last, First, Middle Initial) Michelle Carpenter Mailing Address 501 Corporate Centre	Date of Receipt		
	Suite 200		7.0.1	12 10 2010
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			27.50
	Name of Employer Capella Healthcare	Occupatio Director	n Patient Accounting	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 372.50	]
-	Full Name (Last, First, Middle Initial) S. Ray Coffey			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	12 D D / Y Y Y Y 12 10 2010		
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		77.28
	Name of Employer Capella Healthcare	Occupatio VP & Go	n vernment Programs	
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date T 1081.92	]
	SUBTOTAL of Receipts This Page (optional)	1		195.78

			[	<b>1</b>
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 18 (check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
Γ	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
۱.	Full Name (Last, First, Middle Initial) Beverly Craig			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		12 10 Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5590
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Capella Healthcare	Occupatio VP & Qu	n ality Management	
	Receipt For:	1 .	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	1050.00	]
-	Full Name (Last, First, Middle Initial) Patricia Crumpton			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5614
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	350.00	]
-	Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5591
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Capella Healthcare, Inc.	Occupatio Vice Pres		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0.0	1190.00	
Γ		1		185.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 18         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       11
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE		
∠ 4.	Full Name (Last, First, Middle Initial) Kevin Fowler		Date of Receipt
	Mailing Address 501 Corporate Centre	Drive	12 D D / Y Y Y Y 12 10 2010
	City	State Zip Code	Transaction ID: SA11AI.5621
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	375.00	
- 3.	Full Name (Last, First, Middle Initial) Jim Geist	I	Date of Receipt
	Mailing Address 501 Corporate Centre	M + M         /         D + D         /         Y + Y + Y         Y           12         10         2010	
	City	State Zip Code	Transaction ID: SA11AI.5624
	Franklin	TN 37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Capella Healthcare	Occupation Hospital CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00	
_	Full Name (Last, First, Middle Initial) Kirk Hanson		Date of Receipt
•	Mailing Address 501 Corporate Centre Suite 200	Drive	$\begin{array}{c c} \hline \\ \hline \\ \hline \\ \hline \\ 12 \end{array} \begin{array}{c} D & D \\ \hline \\ 10 \end{array} \begin{array}{c} Y & Y & Y \\ 2010 \end{array}$
	City Franklin	State Zip Code TN 37067	Transaction ID: SA11AI.5592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer Capella Healthcare	Occupation Director and CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 18           (check only one)         X           X         11a           11b         11c           12           13         14				
	Any information copied from such Reports and S or for commercial purposes, other than using the	r information copied from such Reports and Statements may not be sold or used by any perso or commercial purposes, other than using the name and address of any political committee to					
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE	ERNMENT AFFAIRS COMMITTEE					
۷ ۲.	Full Name (Last, First, Middle Initial) Brian Hitchcock		Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200	Drive	M M / D D / Y Y Y Y 12 10 2010				
	City	State Zip Code	Transaction ID: SA11AI.5593				
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 85.48				
	Name of Employer Capella Healthcare	Occupation VP & Materials Management					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1196.72					
	Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200		1 2 / D D / Y Y Y Y 1 0 / 2 0 1 0				
	City Erapklin	State Zip Code TN 37067	Transaction ID: SA11AI.5615				
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period				
	Name of Employer Capella Healthcare	Occupation Hospital CEO					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1400.00					
-	Full Name (Last, First, Middle Initial) Mike McCoy	l	Date of Receipt				
	Mailing Address 501 Corporate Centre Suite 200	M M / D D / Y Y Y Y 12 10 2010					
	City	State Zip Code	Transaction ID: SA11AI.5612				
	Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 130.00				
	Name of Employer Capella Healthcare	Occupation Hospital CEO					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  1820.00					
Γ	SUBTOTAL of Receipts This Page (optional)	1	315.48				

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11/18
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVER	RNMENT A	FFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Tim McGill			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		12 / 10 / Y Y Y Y 12 / 10
	City	State	Zip Code	Transaction ID: SA11AI.5610
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	· · ·	e Year-to-Date ▼	_
	Primary General	, iggi oguit	1750.00	1
	Other (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) Mark Medley			Date of Receipt
	Mailing Address 501 Corporate Centre D Suite 200	rive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5594
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Capella Healthcare	Occupatio Division		
	Receipt For:	4	e Year-to-Date V	
	Primary     General       Other (specify) ▼		2100.00	]
-	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Dirk Morgan Mailing Address 501 Corporate Centre D Suite 200	rive		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.5595
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer Capella Healthcare	Occupatio Division		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1050.00	
ſ	SUBTOTAL of Receipts This Page (optional)			350.00
F	TOTAL This Period (last page this line number or			
L	( IF OF F F 60000 0	.,	-	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12/18         (check only one)       11c       12         X       11a       11b       11c       12         12       14       15       16       17					
Any or f	r information copied from such Reports and or commercial purposes, other than using th	13     14     15     16     17       on for the purpose of soliciting contributions o solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	FFAIRS COMMITTEE						
<b>A.</b>	Full Name (Last, First, Middle Initial) Elisa Moylan			Date of Receipt					
	Mailing Address 501 Corporate Centre Suite 200	e Drive		12 / D D / Y Y Y Y 12 10 2010					
	City	State	Zip Code	Transaction ID: SA11AI.5607					
·	Franklin FEC ID number of contributing federal political committee.	TN C	37067	Amount of Each Receipt this Period 60.00					
	Name of Employer Capella Healthcare	Occupatio Hospital							
·	Receipt For: Primary General Other (specify) ▼		e Year-to-Date V 840.00	]					
<b>3.</b>	Full Name (Last, First, Middle Initial) Butch Naylor Mailing Address 501 Corporate Centre			Date of Receipt					
	Suite 200		7. 0. 1	12 10 2010					
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5609 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
•	Name of Employer Capella Healthcare	Occupatio Hospital							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]					
	Full Name (Last, First, Middle Initial) Dan Ordyna			Date of Receipt					
	Mailing Address 501 Corporate Centre Suite 200			M M / D D / Y Y Y Y Y 12 / 10 / 2010					
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5616 Amount of Each Receipt this Period					
·	FEC ID number of contributing federal political committee.	C		50.00					
-	Name of Employer Capella Healthcare	Occupatio Hospital							
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 700.00	]					
SL	IBTOTAL of Receipts This Page (optional)			135.00					
тс	TAL This Period (last page this line number	er only)							

ç	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/18
			Use separate schedule(s) for each category of the	(check only one)
_			Detailed Summary Page	13 14 15 16 1
	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		12 10 YYYY 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5608
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date V	
	Other (specify)	0 0	700.00	]
_	Full Name (Last, First, Middle Initial) Lynn Peoples	<u>I</u>		Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		1 2 1 0 / Y Y Y Y 1 2 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5606
	Brentwood	TN	37027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		56.25
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For:	1	Year-to-Date 🔻	
	Other (specify)		506.25	]
_	Full Name (Last, First, Middle Initial) Mitzi Pouncy			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive		1 2 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5611
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Capella Healthcare	Occupation Hospital		
	Receipt For:	<b></b> .	Year-to-Date V	
	Other (specify)	0 0	350.00	]
	SUBTOTAL of Receipts This Page (optional)	1		131.25

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14 / 18         (check only one)       X         X       11a       11b       11c       12         13       14       15       16       1
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOVE			
. Z	Full Name (Last, First, Middle Initial) Charles Self			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive Suite 2		12 10 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.5596
	Brentwood	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.75
	Name of Employer Capella Healthcare	Occupation VP/Risk M		
	Receipt For:	1 1	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	843.75	
	Full Name (Last, First, Middle Initial) Dan Slipkovich	1		Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5597
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation Chief Exe	cutive Officer	_
	Receipt For: Primary General Other (specify) ▼	· · ·	Year-to-Date ▼ 3500.00	]
_	Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5598
	Franklin FEC ID number of contributing	TN	37067	Amount of Each Receipt this Period
	federal political committee.	C		195.83
	Name of Employer Capella Healthcare	Occupation Senior VP	& Development Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2741.62	
Γ	SUBTOTAL of Receipts This Page (optional)	1		539.58

				FOR LINE NUMBER: PAGE 15/18
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	/ y not be sold or used by any perso dress of any political committee to	13     14     15     16     1'       on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	CAPELLA HEALTHCARE, INC. GOVE	ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Warren Smith			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200	Drive		12 10 / Y Y Y 12 10
	City	State	Zip Code	Transaction ID: SA11AI.5599
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.25
	Name of Employer Capella Healthcare	Occupatio Hospital	n Finance Officer	
	Receipt For:	- · · · ·	e Year-to-Date V	7
	Primary     General       Other (specify)	0 0	493.50	]
-	Full Name (Last, First, Middle Initial) Wendell Van Es			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 201	Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5613
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		58.40
	Name of Employer Capella Healthcare	Occupatio Hospital		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼		817.60	]
_	Full Name (Last, First, Middle Initial) Rodney VonDonkelaar			Date of Receipt
	Mailing Address 501 Corporate Centre	Drive		12 10 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.5618
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare	Occupatio Hospital		7
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify)     ▼	0 0	300.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u>I</u>		193.65

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 16 / 18         (check only one)       X       11a       11b       11c       12         X       11a       11b       11c       12         13       14       15       16       1
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	CAPELLA HEALTHCARE, INC. GOV	/ERNMENT A	FFAIRS COMMITTEE	
	Full Name (Last, First, Middle Initial) Howard Wall Mailing Address 501 Corporate Centre	o Drivo		Date of Receipt
	Mailing Address 501 Corporate Centre	e Drive		1 2 1 0 Y Y Y Y 1 2 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5600
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Capella Healthcare	Occupation Senior VI	n P & General Counsel	
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)	0 0	1150.00	
_	Full Name (Last, First, Middle Initial) Robert Wampler			Date of Receipt
	Mailing Address 501 Corporate Centre	-		M M / D D / Y Y Y Y 12 10 2010
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.5601
	FEC ID number of contributing federal political committee.	C	5/06/	Amount of Each Receipt this Period
	Name of Employer Capella Healthcare Company	Occupation	erations CFO	
	Receipt For: Primary General Other (specify) ♥	·	Year-to-Date ▼ 1890.00	]
	Full Name (Last, First, Middle Initial) Michael Wiechart			Date of Receipt
	Mailing Address 501 Corporate Centre	e Drive		M M / D D / Y Y Y Y 12 10 2010
	City	State	Zip Code	Transaction ID: SA11AI.5617
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		241.25
	Name of Employer Capella Healthcare	Occupation COO	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>7</b> 23.75	]
	SUBTOTAL of Receipts This Page (optional)			476.25

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 18 (check only one)					
	TEMIZED RECEIPTS		Detailed Summary Page						
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	13     14     15     16     1       on for the purpose of soliciting contributions o solicit contributions from such committee.					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	CAPELLA HEALTHCARE, INC. GOVE	RNMENT A	AFFAIRS COMMITTEE						
	Full Name (Last, First, Middle Initial) Jim Wiseman			Date of Receipt					
	Mailing Address 501 Corporate Centre Suite 200	Drive		12 / D D / Y Y Y Y 12 10 2010					
	City	State	Zip Code	Transaction ID: SA11AI.5602					
	Franklin	TN	37067	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		80.00					
	Name of Employer Capella Healthcare	Occupation VP of Ta							
	Receipt For:	Aggregate	e Year-to-Date 🔻	_					
	Primary     General       Other (specify) ▼	0 0	1120.00						
-	Full Name (Last, First, Middle Initial) Lori Wooten			Date of Receipt					
	Mailing Address 501 Corporate Centre Suite 200			M M / D D / Y Y Y Y Y 12 10 2010					
	City Brentwood	State TN	Zip Code	Transaction ID: SA11AI.5603					
	FEC ID number of contributing		37027	Amount of Each Receipt this Period					
	federal political committee.	C		100.00					
	Name of Employer Capella Healthcare	Occupation VP/Final	on ncial Ops						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary     General       Other (specify) ▼		900.00	]					
_	Full Name (Last, First, Middle Initial) Lee Yuill			Date of Receipt					
	Mailing Address 501 Corporate Centre Suite 200	Drive		M M / D D / Y Y Y Y 12 10 2010					
	City	State	Zip Code	Transaction ID: SA11AI.5604					
	Franklin	TN	37067	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		70.00					
	Name of Employer Capella Healthcare	Occupation VP of Int	on ternal Audit						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_					
	Primary     General       Other (specify)     ▼		980.00						
ſ	SUBTOTAL of Receipts This Page (optional)	I		250.00					
┝			•						
	TOTAL This Period (last page this line number	only)		3451.99					

			(FEC Form 3 BURSEMEN		for each	arate schedule(s) category of the Summary Page	)		DR LIN neck of 21b 27	 	ER:	23 28b		24 28c	GE	18 / 1 25 29	8	26 30b
	or fo		d from such Reports a poses, other than usin						•					•				
	$  \rangle$		LTHCARE, INC. G	OVERNN	IENT AFI	FAIRS COMM	ITTE	E										
Α.		Full Name (Last, F KraftCPAs PLL(	. ,							Date		isburs	eme	B21B			Y	
		Mailing Address	555 Great Circle Suite 200	e Road						12			10		2	0 Ì 0		
		City Nashville		-	State TN	Zip Code 37228				Amou	unt o	f Each	n Dis	burser				bd
		Purpose of Disburg	sement							L.					16	50.00		
		Candidate Name					С	ateg Typ	ory/ e									
		Office Sought:	House Senate		Primary	General												
		State:	District:		Other (spe	ecity) 🔻												

	SUBTOTAL of Disbursements This Page (optional)	•	160.00
	TOTAL This Period (last page this line number only)	►	160.00
i	FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)