

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 2011 through 06 30 2011

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 25 2011

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		22307.28
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	22307.28									
(c) Total Receipts (from Line 19)	21031.94	21031.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43339.22	43339.22								
7. Total Disbursements (from Line 31)	24532.50	24532.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18806.72	18806.72								
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	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	20096.94	20096.94
(ii) Unitemized	935.00	935.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21031.94	21031.94
(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)	21031.94	21031.94
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))	21031.94	21031.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21031.94	21031.94

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.....	1032.50	1032.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1032.50	1032.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
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.....	6500.00	6500.00
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))..	24532.50	24532.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24532.50	24532.50

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)	21031.94	21031.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21031.94	21031.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1032.50	1032.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1032.50	1032.50

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

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

FOR LINE NUMBER: PAGE 6 / 23
(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)
 John Bradford
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5629
 Amount of Each Receipt this Period
 240.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Legal Ops Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

B. Full Name (Last, First, Middle Initial)
 Steven R. Brumfield
 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
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5630
 Amount of Each Receipt this Period
 546.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Health, Inc. Vice President/Assistant PAC Treasurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 546.00

C. Full Name (Last, First, Middle Initial)
 Robin Byler
 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
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5665
 Amount of Each Receipt this Period
 240.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Company Hospital CNO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ► 1026.00
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 / 23
(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)
 S. Ray Coffey
 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
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5632
 Amount of Each Receipt this Period
 463.68
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation VP & Government Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 463.68

B. Full Name (Last, First, Middle Initial)
 Beverly Craig
 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
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5633
 Amount of Each Receipt this Period
 450.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation VP & Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

C. Full Name (Last, First, Middle Initial)
 Danny Crowe
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.5662
 Amount of Each Receipt this Period
 270.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

SUBTOTAL of Receipts This Page (optional) ► 1183.68
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 8 / 23
(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)
 Eugene A. (Tony) Fay

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: Capella Healthcare, Inc. Occupation: Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.5634
 Amount of Each Receipt this Period: 510.00

B. 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: Capella Healthcare Occupation: Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.5664
 Amount of Each Receipt this Period: 750.00

C. 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: Capella Healthcare Occupation: Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.5667
 Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► **1860.00**

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 9 / 23
(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) Brian Hitchcock		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5636
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 512.88
Name of Employer Capella Healthcare	Occupation VP & Materials Management	Aggregate Year-to-Date 512.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Derek Lythgoe		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive		Transaction ID: SA11AI.5666
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Capella Healthcare	Occupation Hospital CFO	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jerry Mabry		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5658
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1412.88
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 10 / 23
(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) Mike McCoy		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5655
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 780.00
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 ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Tim McGill		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5653
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Mark Medley		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5637
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Capella Healthcare	Occupation Division CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	2430.00
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: (check only one)	PAGE 11 / 23
	<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) Dirk Morgan		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5638		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00		
	Name of Employer Capella Healthcare		Occupation Division CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Elisa Moylan		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5651		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 240.00		
	Name of Employer Capella Healthcare		Occupation Hospital CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dan Ordyna		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5659		
	City Franklin	State TN	Zip Code 37067	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Capella Healthcare		Occupation Hospital COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	990.00
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 / 23
(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) Christina Patterson		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 501 Corporate Center Dr Ste 200		Transaction ID: SA11AI.5652
	City State Zip Code Franklin TN 37067	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Capella Healthcare Company	Occupation Hospital CFO	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Lynn Peoples		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 501 Corporate Center Dr Ste 200		Transaction ID: SA11AI.5650
	City State Zip Code Brentwood TN 37027	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 337.50
	Name of Employer Capella Healthcare	Occupation Hospital CNO	Aggregate Year-to-Date ▼ 337.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Charles Self		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 501 Corporate Centre Drive Suite 2		Transaction ID: SA11AI.5639
	City State Zip Code Brentwood TN 37067	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 562.50
	Name of Employer Capella Healthcare	Occupation VP/Risk Mgmt	Aggregate Year-to-Date ▼ 562.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 13 / 23
(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) Dan Slipkovich		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5640
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) D. Andrew Slusser		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5641
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1174.98
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 ▼ 1174.98	

C.

Full Name (Last, First, Middle Initial) Warren Smith		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID: SA11AI.5642
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 211.50
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 ▼ 211.50	

SUBTOTAL of Receipts This Page (optional)	▶	2886.48
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 14 / 23
(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)
 Wendell Van Es
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.5656
 Amount of Each Receipt this Period 350.40
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.40

B. Full Name (Last, First, Middle Initial)
 Rodney VonDonkelaar
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.5661
 Amount of Each Receipt this Period 600.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 600.00

C. Full Name (Last, First, Middle Initial)
 Howard Wall
 Mailing Address 501 Corporate Centre Drive
 Suite 200
 City Franklin State TN Zip Code 37067
 Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.5643
 Amount of Each Receipt this Period 600.00
 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 600.00

SUBTOTAL of Receipts This Page (optional) ► **1550.40**
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 / 23
(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)
Robert Wampler

Mailing Address 501 Corporate Centre Drive, Ste 20

City State Zip Code
Franklin TN 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 ▼
810.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5644

Amount of Each Receipt this Period
810.00

B.

Full Name (Last, First, Middle Initial)
Denise Warren

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
Capella Healthcare

Occupation
Senior VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5669

Amount of Each Receipt this Period
1500.00

C.

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

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
Capella Healthcare

Occupation
COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1447.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.5660

Amount of Each Receipt this Period
1447.50

SUBTOTAL of Receipts This Page (optional) ► **3757.50**

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 16 / 23
(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)
James R. Wiseman

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 VP of Tax

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.5645

Amount of Each Receipt this Period

480.00

B. Full Name (Last, First, Middle Initial)
Lori Wooten

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 VP/Financial Ops

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.5646

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Beth Wright

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 VP Corp Communications

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.5668

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ►

1380.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 23	
	(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) Lee Yuill		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>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	1	1														
	City Franklin State TN Zip Code 37067		Transaction ID: SA11AI.5647																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00																					
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 ▼ 420.00																						

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	20096.94

**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)

<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.5673
Date of Disbursement

Mailing Address 555 Great Circle Road
Suite 200

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

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

560.00

Purpose of Disbursement
accounting fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.5684
Date of Disbursement

Mailing Address 555 Great Circle Road
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

City Nashville State TN Zip Code 37228

Amount of Each Disbursement this Period

320.00

Purpose of Disbursement
accounting fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

880.00

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

880.00

**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)

<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) BECERRA FOR CONGRESS	Transaction ID: SB23.5693 Date of Disbursement 05 / 31 / 2011
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 2000.00
	City Los Angeles State CA Zip Code 90026	
	Purpose of Disbursement campaign Candidate Name XAVIER BECERRA Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.5691 Date of Disbursement 05 / 31 / 2011
	Mailing Address P.O. Box 1776	Amount of Each Disbursement this Period 1000.00
	City Freedom State PA Zip Code 15042	
	Purpose of Disbursement campaign Candidate Name JASON ALTMIRE Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOSPITALS PAC	Transaction ID: SB23.5675 Date of Disbursement 02 / 09 / 2011
	Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245	Amount of Each Disbursement this Period 5000.00
	City WASHINGTON State DC Zip Code 20004	
	Purpose of Disbursement fundraiser Candidate Name Category/Type	
	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)	8000.00
TOTAL This Period (last page this line number only)	

**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)

<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)
MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
contribution

Candidate Name
MITCH MCCONNELL

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5682

Date of Disbursement

03 / 04 / 2011

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
NELSON 2012

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement
campaign

Candidate Name
E BENJAMIN NELSON

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5688

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
campaign

Candidate Name
PETER ROSKAM

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5695

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**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 21 / 23

<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)
SCOTT BROWN FOR US SENATE COMMITTEE INC

Transaction ID: SB23.5679

Date of Disbursement

Mailing Address P.O. BOX 395

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WRENTHAM State MA Zip Code 02903

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
contribution

--

Candidate Name
SCOTT P BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

B.

Full Name (Last, First, Middle Initial)
UPTON FOR ALL OF US

Transaction ID: SB23.5685

Date of Disbursement

Mailing Address P.O. BOX 490

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	1

City ST. JOSEPH State MI Zip Code 49085

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
campaign

--

Candidate Name
FREDERICK STEPHEN UPTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

17000.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Bill Haslam Inaugural Committee 2011</p> <p>Mailing Address 1701 West End Avenue Suite 300</p> <p>City Nashville State TN Zip Code 37203</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5670 Date of Disbursement 01 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of THA</p> <p>Mailing Address 500 Interstate Blvd, S</p> <p>City Nashville State TN Zip Code 37210</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5676 Date of Disbursement 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Karl Dean for Mayor</p> <p>Mailing Address 1816 Hayes Street</p> <p>City Nashville State TN Zip Code 37203</p> <p>Purpose of Disbursement campaign for Mayor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5698 Date of Disbursement 06 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**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 23 / 23

<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

A.

Full Name (Last, First, Middle Initial)
OHPAC

Transaction ID: SB29.5677
Date of Disbursement

Mailing Address 400 Kruse Way, Suite 100

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	1

City State Zip Code
Lake Oswego OR 97035

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
fundraiser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Washington Hospital PAC

Transaction ID: SB29.5678
Date of Disbursement

Mailing Address 300 Elliott Avenue West
Suite 300

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	1

City State Zip Code
Seattle WA 98119

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
fundraiser

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

6500.00
