12/03/2008 08:21

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE 501 CORPORATE CENTRE DRIVE STE 200 ADDRESS (number and street) Check if different than previously **FRANKLIN** TN 37067 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421420 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 04 2008 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Eugene A. (Tony) Fay Type or Print Name of Treasurer Electronically Filed by Eugene A. (Tony) Fay 12 0 1 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE [®] D " D 24 1.0 16 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 19452.49 January 1 (b) Cash on Hand at 18861.19 Begining of Reporting Period 2471.52 28870.72 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 21332.71 48323.21 6(a) and 6(c) for Column B) 6600.00 33590.50 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 14732.71 14732.71 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

F	eport Covering the Period: From:	16 Y Y W Y Y Y	o: D D D 2 4 2 0 0 8
	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)	2161.52	24692.74
	(ii) Unitemized	310.00	4177.98
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2471.52	28870.72
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2471.52	28870.72
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	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	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)		
	(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))	2471.52	28870.72
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	2471.52	28870.72

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O	perating Expenditures:) Shared Federal/Non-Federal		
(a	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	Other Federal Operating Expenditures	300.00	1365.50
(C	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	300.00	1365.50
	ransfers to Affiliated/Other Party ommittees	0.00	0.00
F	ontributions to ederal Candidates/Committees nd Other Political Committees	6300.00	27625.00
4. In	dependent Expenditure se Schedule E)	0.00	0.00
5. Č C	oordinated Expenditures Made by Party ommittees (2 U.S.C. 441a(d)) ise Schedule F)	0.00	0.00
	pan Repayments Made	0.00	0.00
7. Lo	pans Made	0.00	0.00
3. R (a	efunds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	0.00
(b		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
9. O	ther Disbursements	0.00	4600.00
	ederal 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
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	6600.00	33590.50
(Total Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)	2022.20	00500 50
fı	rom Line 31)	6600.00	33590.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	2471.52	28870.72
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2471.52	28870.72
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	1365.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	300.00	1365.50

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to VERNMENT AFFAIRS COMMITTEE	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Thomas Anderson Mailing Address 501 Corporate Cent Suite 200 City Brentwood FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify)		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dan Aranda Mailing Address 501 Corporate Cent Suite 200 City Franklin FEC ID number of contributing	State Zip Code TN 37067	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Hospital CEO Aggregate Year-to-Date 1271.82	
Full Name (Last, First, Middle Initial) Steven R. Brumfield Mailing Address 501 Corporate Cent Suite 200 City	State Zip Code	Date of Receipt 10 24 2008 Transaction ID: SA11AI.4619
Franklin FEC ID number of contributing federal political committee.	TN 37067	Amount of Each Receipt this Period 91.00
Name of Employer Capella Health, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President/Assistant PAC Treast Aggregate Year-to-Date 1001.00	urer
SUBTOTAL of Receipts This Page (optional)	456.62

SCHEDULE A (FEC Form 3X)

Suite 200 City Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Company PM Malling Address S01 Corporate Centre Drive Suite 200 City State Zip Code FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 15 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Rick Charbonneau Mailing Address Sol Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify)		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code TN 37067 FEC ID number of contributing rederal political committee. Name of Employer Capela Healthcare Company Other (specify) ▼ Cocupation VP Managed Care Receipt For: Primary General Other (specify) ▼ State Zip Code Franklin TN 37067 FEC ID number of contributing rederal political committee. Date of Receipt Transaction ID: SA11Al.4631 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11Al.4620 Date of Receipt Transaction ID: SA11Al.4620 Date of Receipt Transaction ID: SA11Al.4620 Transaction ID: SA11Al.4	∠ 4 .	Rick Charbonneau Mailing Address 501 Corporate Centre I	Orive		M M / D D / Y Y Y Y
Receipt For:		City Franklin		·	Transaction ID: SA11AI.4631
Receipt For: Primary		federal political committee.		n	55.00
S. Ray Coffey Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Naggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 885.00		Receipt For: Primary General		e Year-to-Date ▼	
City Franklin FEC ID number of contributing federal political committee. C Name of Employer Capella Healthcare Primary General Other (specify) ▼ Name of Employer Capella Healthcare C State Transaction ID: SA11AI.4620 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.4620 Amount of Each Receipt this Period FURL SATIAI.4620 Amount of Each Receipt this Period Transaction ID: SA11AI.4620 Amount of Each Receipt this Period Date of Receipt Milling Address 501 Corporate Centre Drive Suite 200 City State Transaction ID: SA11AI.4621 Transaction ID: SA11AI.4621 Transaction ID: SA11AI.4621 Amount of Each Receipt Transaction ID: SA11AI.4621 Amount of Each Receipt this Period Transaction ID: SA11AI.4621 Transaction ID: SA11AI.4621 Amount of Each Receipt this Period Transaction ID: SA11AI.4621 Amount of Each Receipt this Period Transaction ID: SA11AI.4621 Transaction ID: SA11AI.4621 Amount of Each Receipt Transaction ID: SA11AI.4621 Amount of Each Receipt Transaction ID: SA11AI.4621	_ 3.	S. Ray Coffey Mailing Address 501 Corporate Centre I	Orive		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare		City		•	Transaction ID: SA11AI.4620
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		FEC ID number of contributing		3/06/	Amount of Each Receipt this Period 77.28
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Beverly Craig Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Name of Employer Capella Healthcare			
Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AI.4621 Amount of Each Receipt this Period To Cupation VP & Quality Management Aggregate Year-to-Date ▼ Resolution Aggregate Year-to-Date ▼ Resolution Aggregate Year-to-Date ▼ Resolution Aggregate Year-to-Date ▼		Primary General	-	e Year-to-Date ▼	
Mailing Address 501 Corporate Centre Drive Suite 200 City State Zip Code Franklin TN 37067 FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Residue 200 Transaction ID: SA11AI.4621 Amount of Each Receipt this Period 75.0 Aggregate Year-to-Date ▼ Residue 200 Transaction ID: SA11AI.4621 Amount of Each Receipt this Period Receipt For: Receipt For: Receipt For: Residue 200 Transaction ID: SA11AI.4621 Amount of Each Receipt this Period Receipt For: Receipt	_				Date of Receipt
Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare VP & Quality Management Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 885.00		Mailing Address 501 Corporate Centre I Suite 200	Orive		
FEC ID number of contributing federal political committee. Name of Employer Capella Healthcare Occupation VP & Quality Management Receipt For: Primary General Other (specify) Other (specify) 885.00		•		•	
Receipt For: Primary General Other (specify)		FEC ID number of contributing			75.00
Primary General Other (specify) ▼ 885.00		Name of Employer Capella Healthcare			
207.0		Primary General		e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			207.28

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GO	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Janice Darnaby Mailing Address 501 Corporate Cer City	State	Zip Code	Date of Receipt 10 24 2008 Transaction ID: SA11Al.4632
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 47.66
Name of Employer Capella Healthcare Company Receipt For: Primary General Other (specify) ▼	Occupatio Hospital Aggregate		
Full Name (Last, First, Middle Initial) Eugene A. (Tony) Fay Mailing Address 501 Corporate Cer Suite 200 City	Eugene A. (Tony) Fay Mailing Address 501 Corporate Centre Drive Suite 200		
Franklin FEC ID number of contributing federal political committee.	TN	37067	Transaction ID: SA11AI.4622 Amount of Each Receipt this Period 85.00
Name of Employer Capella Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres]
Full Name (Last, First, Middle Initial) Brian Hitchcock Mailing Address 501 Corporate Cer	ntre Drive		Date of Receipt
Suite 200 City Franklin FEC ID number of contributing federal political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.4623 Amount of Each Receipt this Period 85.48
Name of Employer Capella Healthcare	- ' '	terials Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 940.28	
SUBTOTAL of Receipts This Page (optional	al)		218.14

SCHEDULE A (FEC Form 3X)

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 15 (check only one) X
or for con	mation copied from such Reports and Stanmercial purposes, other than using the reserved of COMMITTEE (In Full) ELLA HEALTHCARE, INC. GOVE	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Georg	ame (Last, First, Middle Initial) e Kruger g Address 501 Corporate Centre D Suite 200	Orive State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Klin D number of contributing all political committee.	TN	37067	Amount of Each Receipt this Period 65.00
Recei	of Employer la Healthcare ot For: Primary General Other (specify)	<u> </u>	n Finance Officer • Year-to-Date ▼ 695.00	
Steve	ame (Last, First, Middle Initial) Mahan g Address 501 Corporate Centre D	Or Ste 200		Date of Receipt 10 24 2008
	klin D number of contributing Il political committee.	State TN	Zip Code 37067	Transaction ID: SA11AI.4635 Amount of Each Receipt this Period 100.00
Capel Recei	of Employer la Healthcare Company ot For: Primary General Other (specify)	Occupatio Hospital Aggregate		
Mike N	g Address 501 Corporate Centre D	Orive		Date of Receipt 1 0 2 4 2 0 0 8
City <u>Franl</u> FEC I	Suite 200 Klin D number of contributing	State TN	Zip Code 37067	Transaction ID: SA11AI.4641 Amount of Each Receipt this Period 130.00
	of Employer la Healthcare	Occupatio Hospital		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 520.00	
SUBTO	TAL of Receipts This Page (optional))	295.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 15 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT A	AFFAIRS COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) John McLain			Date of Receipt
	Mailing Address 501 Corporate Centre	Dr, Ste 200		10 24 2008
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4633
	FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 100.00
	Name of Employer Capella Healthcare Company	Occupation Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
— В.	Full Name (Last, First, Middle Initial) Jon O'Shaunnesy			Date of Receipt
	Mailing Address 501 Corporate Centre Suite 200			10 24 2008
	City Franklin	State TN	Zip Code 37067	Transaction ID: SA11AI.4628 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37007	160.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1760.00	
_ C.	Full Name (Last, First, Middle Initial) Christina Patterson			Date of Receipt
	Mailing Address 501 Corporate Center	Dr Ste 200		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4634
	Franklin FEC ID number of contributing federal political committee.	TN	37067	Amount of Each Receipt this Period 50.00
	Name of Employer Capella Healthcare Company	Occupatio Hospital		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			310.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 15 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
CAPELLA HEALTHCARE, INC. GC	VERNMENT A	FFAIRS COMMITTEE	
Full Name (Last, First, Middle Initial) Dan Slipkovich			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200		7.0.1	10 24 2008
City	State	Zip Code	Transaction ID: SA11Al.4624
Franklin FEC ID number of contributing federal political committee.	C	37067	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	n	_
Capella Healthcare Company		ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) D. Andrew Slusser			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	tre Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4625
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		195.83
Name of Employer Capella Healthcare	Occupation Senior VI	n P & Development Officer	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2154.13	
Full Name (Last, First, Middle Initial) Warren Smith			Date of Receipt
Mailing Address 501 Corporate Cent Suite 200	tre Drive		10 24 7 2008
City	State	Zip Code	Transaction ID: SA11AI.4627
<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.25
Name of Employer Capella Healthcare	Occupation Hospital	n Finance Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		387.75]

TOTAL This Period (last page this line number only)

A.

В.

PAGE 12/15 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) Wendell Van Es Date of Receipt Mailing Address 501 Corporate Centre Drive 10 24 2008 Suite 201 City State Zip Code Transaction ID: SA11AI.4642 Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing 58.40 C federal political committee. Name of Employer Capella Healthcare Occupation Hospital CFO Receipt For: Aggregate Year-to-Date General Primary 233.60 Other (specify) Full Name (Last, First, Middle Initial) Robert Wampler Date of Receipt Mailing Address 501 Corporate Centre Drive, Ste 20 24 2008 City Transaction ID: SA11AI.4626 State Zip Code Franklin TN 37067 Amount of Each Receipt this Period FEC ID number of contributing C 135.00 federal political committee. Name of Employer Capella Healthcare Company Occupation VP & Operations CFO Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	193.40
TOTAL This Period (last page this line number only)		2161.52

945.00

Other (specify)

SCHEDULE B (FEC Form 3X)	1	NIE NII NIE NII NIE NIE NIE NIE NIE NIE
Soliebole b (i lo i oilli sk)	lica canarata echadula(e)	INE NUMBER: PAGE 13 / 15
ITEMIZED DISBURSEMENTS	for each category of the	conly one)
	Detailed Summary Page X 21	
	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem	, , , , , , , , , , , , , , , , , , , ,	' '
or for commercial purposes, other than using the name	and address of any political committee	o solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
CAPELLA HEALTHCARE, INC. GOVERNA	MENT AFFAIRS COMMITTEE	
/		
Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.4646
KraftCPAs PLLC		Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 555 Great Circle Road		1 1 1 D 0 6 V 2 0 0 8 Y
Suite 200		
City	State Zip Code	Amount of Each Disbursement this Period
Nashville	TN 37228	
Purpose of Disbursement	-	300.00
Candidate Name	Category/	_
	Туре	
Office Sought: House Disburse	ment For:	
Senate	Primary General	
President	Other (specify) ▼	
State: District:	•	

SUBTOTAL of Disbursements This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	300.00

Any Information for comme NAME Company Capell Name GRIFFI Mailing A City Huntsvi Office Soft State: A Full Name KENDR Miami Purpose fundraise Candidat KENDR Office Soft State: Full Name Candidat KEN	ercial purposes, other than using processing purposes, other than using processing process. The COMMITTEE (In Full) LA HEALTHCARE, INC. On the (Last, First, Middle Initial) TH FOR CONGRESS Address PO BOX 2916 THE Name of Disbursement error than the process of the Congress of the Co	State Zip AL 35 Disbursement For: Primary Other (specify) OR CONGRESS Street	sold or used by any pe any political committee and pol	1000.00
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fundraise	Purpose of Disbursement fundraiser			1000.00
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER:		PAGE 15/15	
	·	Use separate schedule(s)	(check only one)		PAGE 15/15	
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
	y Information copied from such Reports and for commercial purposes, other than using the		, , ,		ŭ	
\rangle	NAME OF COMMITTEE (In Full) CAPELLA HEALTHCARE, INC. GOV	ERNMENT AFFAIRS COMMIT	TEE			
	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE Mailing Address PO BOX 1496	E '08		Transaction ID: Date of Disburse	0==0	
	City LOUISVILLE Purpose of Disbursement	State Zip Code KY 40201		Amount of Each	Disbursement this Period 2300.00	
	contribution Candidate Name MCCONNELL SENATE COMMITTEE	E '08	Category/ Type			
	Office Sought: House Dis X Senate President State: KY District: 00	sbursement For: 2008 Primary X General Other (specify)				

SUBTOTAL of Disbursements This Page (optional)	•	2300.00
TOTAL This Period (last page this line number only)		6300.00