

CAPELLA HEALTHCARE
 501 Corporate Centre Drive, Suite 200
 Franklin, TN 37607-2662
 Phone: 615-764-3000 • Fax: 615-764-3030

FACSIMILE TRANSMITTAL SHEET

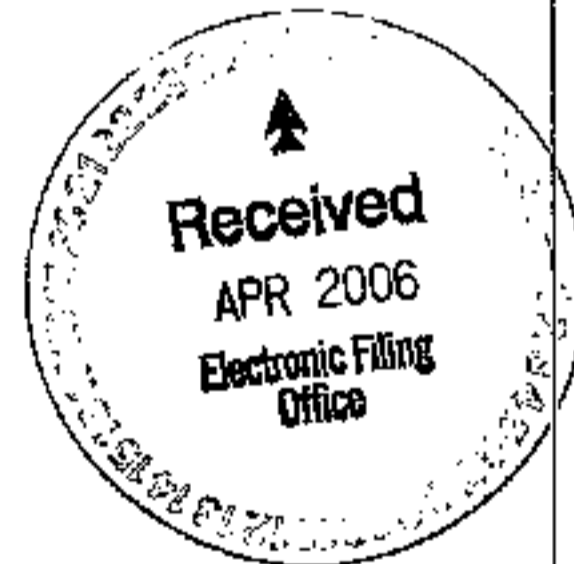
TO: Acelene Daugherty FROM: Tony King
 COMPANY: F.E.C. DATE: 4-25-06
 FAX NUMBER: 202-219-0674 TOTAL NO. OF PAGES INCLUDING COVER: 8
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04/19/2008 11:06

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (street and city) 561 CORPORATE CENTRE DRIVE STE 200

(Check if address is changed) FRANKLIN TN 37087

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS tony.fay@capellahealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 8157648088

2. DATE 08 08 2008

3. FEC IDENTIFICATION NUMBER C C00421420

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this statement 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 04 19 2008

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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FEC Form 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Capella Healthcare, Inc. _____

Mailing Address _____ 501 Corporate Centre Drive _____

Suite 200

Franklin

TN

37087

CITY A

STATE A

ZIP CODE A

Relationship connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation's Capital Stock
- Trade Association
- Labor Organization
- Cooperative

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Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Eugene A. (Tony) Fay

Mailing Address 501 Corporate Centre Drive
Suite 200
Franklin TN 37067

Title or Position Treasurer CITY STATE ZIP CODE
Franklin TN 37067

Telephone number 615 764 3007

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Eugene A. (Tony) Fay

Mailing Address 501 Corporate Centre Drive
Suite 200
Franklin TN 37067

Title or Position CITY STATE ZIP CODE
Franklin TN 37067

Telephone number

Full Name of Designated Agent Steven R. Brunfield

Mailing Address 501 Corporate Centre Drive
Suite 200
Franklin TN 37067

Title or Position VP/Assistant Treas. CITY STATE ZIP CODE
Franklin TN 37067

Telephone number 615 764 3007

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

414 Union Street

Attn: Jeanne Goodman

Nashville

TN

37218

CITY

STATE

ZIP CODE

26039060790

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Electronic Filing Office	Date of Receipt 4-25-06
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMN
 PREPARER
 (3/2005)

4-25-06
 DATE PREPARED