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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

Capella Healthcare Government Affairs Committee

ADDRESS (number and street) **501 Corporate Centre Drive**

(Check if address is changed) **Suite 200**

Franklin **TN** **37067**

CITY ▲ STATE ▲ ZIP CODE ▲

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

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
6157643038

2. DATE **03 / 08 / 2006**

3. FEC IDENTIFICATION NUMBER **C**

4. IS THIS STATEMENT NEW (N) OR 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 *Eugene A. (Tony) Fay* Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(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 Health, Inc. _____

Mailing Address _____ 501 Corporate Centre Drive _____

Suite 200 _____

Franklin _____

TN _____

37067 _____

CITY▲

STATE▲

ZIP CODE▲

Relationship _____ connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

Capella Healthcare 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 Franklin STATE TN ZIP CODE 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 _____

Telephone number _____ - _____ - _____

Full Name of Designated Agent Steven R. Brumfield

Mailing Address 501 Corporate Centre Drive
Suite 200
Franklin TN 37067

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

37219

CITY ^

STATE ^

ZIP CODE ^

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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"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SEI
 PREPARER

3/21/06
 DATE PREPARED

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