

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 STE 200

(Check if address is changed)

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

MM / DD / YYYY
03 / 08 / 2006

3. FEC IDENTIFICATION NUMBER

C C00421420

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

Electronically Filed by Eugene A. (Tony) Fay

Date

MM / DD / YYYY
04 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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

FEC FORM 1
(Revised 02/2003)

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** **37067**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **connected** _____

Type of Connected Organization:

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

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 ▲ STATE ▲ ZIP CODE ▲

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 ▲ STATE ▲ ZIP CODE ▲

Telephone number **615 764 3007**

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 ▲