

Capella Healthcare, Inc. Government Affairs Committee
501 Corporate Centre Drive, Suite 200, Franklin, Tennessee 37067
FEC Committee Number: C00421420

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 MAY -1 A 9:17

Via Facsimile 202.219.0674 and Certified Mail RRR

April 24, 2005

Marlene R. Daughtrey
Campaign Finance Analyst
Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

Dear Ms. Daughtrey:

I am in receipt of your letter dated April 14, 2006. For your convenience, I have attached a copy of that letter.

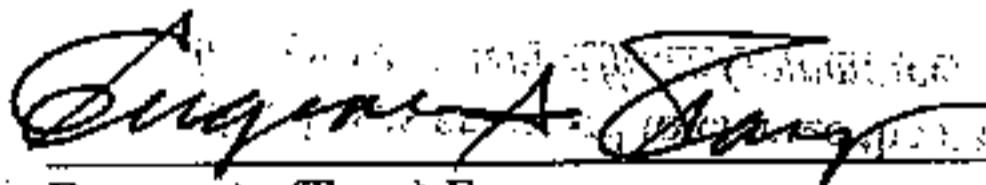
In response to the issues raised in your letter, we filed an Amended Form 1 on April 19, 2006. A copy of this form is also attached. The Amended Form 1 accomplishes the following:

Line 1 was amended to change the name of the committee to Capella Healthcare, Inc. Government Affairs Committee.

Line 6 was amended to change the name of the connected organization to Capella Healthcare, Inc. The original Form 1 had erroneously listed the name of the connected organization as Capella Health, Inc.

I hope the Amended Form 1 addresses the concerns raised in your letter. If you have any questions or need further information, please do not hesitate to contact me at 615.764.3007 or tony.fay@capellahealth.com.

Sincerely,



Eugene A. (Tony) Fay
Treasurer for Capella Healthcare, Inc. Government Affairs Committee

APR 18 2006



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

April 14, 2006

Eugene A. (Tony) Fay, Treasurer
Capella Healthcare Government Affairs Committee
501 Corporate Centre Drive, Suite 200
Franklin, TN 37067

Response Due Date:
May 15, 2006

Identification Number: C00421420

Reference: Statement of Organization, dated 3/08/06

Dear Mr. Fay:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response-date noted above.** An itemization of the information needed follows:

-The entire name of your connected organization, Capella Health, Inc., must be included in the name of your political committee. While committees may use commonly recognized abbreviations on daily communications such as letterhead and committee checks, committee filings (Statement of Organization, disclosure reports and amendments) must reflect the official name of the connected organization, as well as any abbreviation, within its title. 2 U.S.C. §432(e)(5) Please clarify this apparent discrepancy.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any

26039052934

questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1394.

Sincerely,

Marlene R. Daughtrey

Marlene R. Daughtrey
Campaign Finance Analyst
Reports Analysis Division

227

26039062935

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER
MAY 19 2006 11:06

2006 MAY -1 A 9:17

3703-22-001

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 (Print or type) (Check if address is changed) 501 CORPORATE CENTRE DRIVE STE 200
FRANKLIN TN 37057
CITY STATE ZIP CODE

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

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
6157643089

2. DATE **M 06 D 08 Y 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 **M 04 D 19 Y 2006**

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

26039062936

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

STATE

ZIP CODE

Relationship connected _____

Type of Connected Organization:

- | | | |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

26039062937

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 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. Brunfield

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

26039062938

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 Δ

STATE Δ

ZIP CODE Δ

26039062939

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4-25-06
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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 type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMU *5-1-06*
PREPARER **DATE PREPARED**

26039062940