

2002 FEB -1 P 1:32

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

PROVINCE HEALTHCARE COMPANY GOVERNMENT AFFAIRS
COMMITTEE

ADDRESS (number and street)

105 WESTWOOD PLACE SUITE 400

(Check if address
is changed)

BRENTWOOD

TN

37027-5076

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE

01 14 2002

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 Anthony Fay

Signature of Treasurer

Date

01 14 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Tel: 800-424-9610
Local: 202-694-1100

FEC FORM 1
(Revised 1/01)

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
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- (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

PROVINCE HEALTHCARE COMPANY _____

Mailing Address 105 WESTWOOD PLACE, SUITE 400 _____

BIRMINGHAM _____ TN 37027-1507

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 |

Write or Type Committee Name
PROVINCE HEALTHCARE COMPANY 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 ANTHONY FAY
 Mailing Address 105 WESTWOOD PLACE SUITE 400
BRENTWOOD TN 37027-5076
 Title or Position V.P. GOVERNMENT AFFAIRS CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 615-370-1377

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 ANTHONY FAY
 Mailing Address 105 WESTWOOD PLACE SUITE 400
BRENTWOOD TN 37027-5076
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 615-370-1377

Full Name of Designated Agent CHRISTOPHER T HANNON
 Mailing Address 105 WESTWOOD PLACE SUITE 400
BRENTWOOD TN 37027-5076
 Title or Position SECRETARY CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 615-370-1377

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

NASHVILLE TN 37213-9

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	2-1-02 DATE PREPARED