FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	Office use only												
1. NAME OF COMMITTEE (in	full)	(Check if name s changed)	Example: If typying, type over the lines	12FE4M5											
NATIONAL BE	REAST CANCER C	OĄLIŢION PĄC													
ADDRESS (number and	street)	17th Street, NW	, ,												
X (Check if address changed)	Suite	1300 HINGTON		DC _											
COMMITTEE'S E-MA	II ADDDESS		CITY▲	STATE	ZIP CODE 📥										
COMMITTEES E-MAI	IL ADDRESS														
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)													
COMMITTEE'S FAX N	NUMBER														
با لبنا	سسا لس	J													
2. DATE 0.1		2 0 0 7 Y													
3. FEC IDENTIFICA	TION NUMBER		C C00326900												
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)												
I certify that I have exami	ned this Statement and	to the best of my know	wledge and belief it is true, correct a	nd complete											
Type or Print Name of	Treasurer M	s Frances Visc	0												
Signature of Treasurer	Electronically Filed	by <b>Ms France</b>	es Visco	Date 0 1	1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
NOTE: Submission of fa		•	v subject the person signing this Sta	·	s of 2 U.S.C. S437g.										
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		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 cainformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,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 fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE▲ Z	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

	NATIONAL BREAST CAI	ICER COALITION PAC													
7.	Custodian of Records: Idea possession of Committee I	ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.													
	Full Name														
	Mailing Address														
	Title or Position ♥	CITY A	STATE▲	ZIP CODE ▲											
			elephone number												
3.	Treasurer: List the name a	and address (phone number optional) of designated agent (e.g., assistant treasurer)	the treasurer of the commit	tee; and the											
	Full Name of Treasurer														
	Mailing Address														
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A											
			elephone number												
	Full Name of Designated Agent														
	Designated														
	Designated Agent			_											
	Designated Agent	CITY A		ZIP CODE A											

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9.	<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds as safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ol>									s ac	)COI	unt	s, r	ents	}																					
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	Mailing Address					L										1																				
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