

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COALITION FOR HEALTHCARE FINANCE
POLITICAL ACTION COMMITTEE (CHFPAAC)

ADDRESS (number and street)

330 PENNSYLVANIA AVE SE

(Check if address
is changed)

STE 305

WASHINGTON

CITY ▲

DC

STATE ▲

20003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

TOM@TIBERDC.COM

Optional Second E-Mail Address

CHRIS@TIBERDC.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

COALITIONFORHEALTHCAREFINANCE.COM

2. DATE

07 / 03 / 2012

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

THOMAS J. BOESEN

Signature of Treasurer

Date

07 / 03 / 2012

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
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Only

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

FEC FORM 1
(Revised 06/2012)

12030830334

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

12030830335

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

COALITION FOR HEALTHCARE FINANCE

Mailing Address

330 PENNSYLVANIA AVE SE
STE 305
WASHINGTON DC 20003

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

THOMAS J. BOESEN

Mailing Address

330 PENNSYLVANIA AVE SE
STE 305
WASHINGTON DC 20003

Title or Position

TREASURER

Telephone number

202-834-8048

12030830336

Full Name of Designated Agent

DANIEL BAIRD

Mailing Address

530 PENNSYLVANIA AVE SE

STE 305

WASHINGTON

DC

20003

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

202-543-4863

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.

SUNTRUST BANK

Mailing Address

500 PENNSYLVANIA AVE

MAIL CODE CS - CDC - 6022

WASHINGTON

DC

20003

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030830337

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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Date of Receipt

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USPS First Class Mail

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Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

Am W

PREPARER

7/5/12

DATE PREPARED

(3/2005)

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