

FEC
FORM 1

STATEMENT OF ORGANIZATION

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2007 JAN 24 A 8:39
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1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

ADDRESS (number and street)

1164 W HOSPITALITY LANE SUITE 100

(Check if address
is changed)

SAN BERNARDINO CA 92408

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dhagars@aol.com

at sign (dhagars@aol.com)

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

909-890-1111

2. DATE

MM / DD / YYYY
01 / 18 / 2007

3. FEC IDENTIFICATION NUMBER ►

C 00418392

4. IS THIS STATEMENT

NEW (N)

OR

X

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

DEBORAH RUTH HAGAR

Signature of Treasurer

Deborah Ruth Hagar

Date

MM / DD / YYYY
01 / 18 / 2007

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
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

Federal Election Commission
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 PREPARER	1/24/07 DATE PREPARED
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