

RECEIVED
FEC MAIL CENTER

2011 JUL 22 AM 8:52

FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

ADDRESS (number and street)

1164 W HOSPITALITY LANE SUITE 1B

Check if different than previously reported. (ACC)

SAN BERNARDINO CA 92408

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00418392

3. IS THIS REPORT NEW OR AMENDED
N (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

X July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

01 01 2011

through

06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DEBORAH R. HAGAR

Signature of Treasurer

Deborah R. Hagar

Date

07 15 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

11030634103

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

01 01 2011

To:

06 30 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011	269.11	269.11
(b) Cash on Hand at Beginning of Reporting Period	269.11	
(c) Total Receipts (from Line 19)	0.	0.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	269.11	269.11
7. Total Disbursements (from Line 31)	60.00	60.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	209.11	209.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5,000.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

11030634104

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

01 01 2011

To:

06 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.

0.

(ii) Unitemized.....

0.

0.

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.

0.

(b) Political Party Committees.....

0.

0.

(c) Other Political Committees (such as PACs).....

0.

0.

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.

0.

12. Transfers From Affiliated/Other Party Committees.....

0.

0.

13. All Loans Received.....

0.

0.

14. Loan Repayments Received.....

0.

0.

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.

0.

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.

0.

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.

0.

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.

0.

(b) Levin Funds (from Schedule H5).....

0.

0.

(c) Total Transfers (add 18(a) and 18(b))..

0.

0.

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.

0.

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.

0.

11030634105

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

11030634106

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	60.00	60.00
(ii) Non-Federal Share	0.	0.
(b) Other Federal Operating Expenditures	0.	0.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.	0.
22. Transfers to Affiliated/Other Party Committees	0.	0.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.	0.
24. Independent Expenditures (use Schedule E)	0.	0.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.	0.
26. Loan Repayments Made	0.	0.
27. Loans Made	0.	0.
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.	0.
(b) Political Party Committees	0.	0.
(c) Other Political Committees (such as PACs)	0.	0.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.	0.
29. Other Disbursements	0.	0.
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.	0.
(ii) "Levin" Share	0.	0.
(b) Federal Election Activity Paid Entirely With Federal Funds	0.	0.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.	0.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60.00	60.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	60.00	60.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0	0.
34. Total Contribution Refunds (from Line 28(d))	0	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	60.00	60.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60.00	60.00

11030634107

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

LOAN SOURCE Full Name (Last, First, Middle Initial) HAGAR, DEBORAH R.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ADVOCACY
Mailing Address 164 W HOSPITALITY LANE, 1B	
City SAN BERNARDINO State CA ZIP Code 92408	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5,000.00	0	5,000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 02 / 01 / 2008	MM / DD / YYYY 12 / 30 / 2011	0 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶	5,000.00
TOTALS This Period (last page in this line only)..... ▶	5,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

11030634108

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (in Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

A. Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address

334 W 3RD STREET

City

SAN BERNARDINO

State

CA

Zip Code

92401

Purpose of Disbursement:

BANKING FEES

Activity or Event Identifier:

0.01

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

60.00

Date

06 / 30 / 2011

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

60.00

0.00

60.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

0.00

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

MM / DD / YYYY

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

0.00

Category/
Type

Allocated Activity or Event:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

MM / DD / YYYY

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

60.00

0.00

60.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

60.00

0.00

60.00

11030634109

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/15/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 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

Amid
 PREPARER

7/22/11
 DATE PREPARED

11030634110