# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

RECEIVED
FEC MAIL CENTER
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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) ▼ 164 W HOSPITALITY LANE
SUITE 1B

☐ Check if different than previously reported. (ACC)

SAN BERNARDINO | CA | 92408-3328

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00418392

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (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)
- ☐ 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 / YYYYYY in the State of

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

Election on 11 / 04 / 2008 in the State of CA

5. Covering Period 10 / 01 / 2008 through 11 / 24 / 2008

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 HAGAR

Signature of Treasurer Deborah Hagar Date 10 / 21 / 2008

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

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# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)



Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period: From: 10 / 01 / 2008 To: 11 / 14 / 2008

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2008 | | 5553.0 |
| (b) Cash on Hand at Beginning of Reporting Period | 2013.48 | |
| (c) Total Receipts (from Line 19) | 0 | 10000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 2013.48 | 10553.0 |
| 7. Total Disbursements (from Line 31) | 0 | 8540.82 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2013.48 | 2013.48 |
| 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) | 5000.00 | |

☐ 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



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# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)



Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period: From: 10 / 01 / 2008 To: 11 / 24 / 2008

| 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 | 5,000.00 |
| (ii) Unitemized | 0 | 0 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 0 | 5,000.00 |
| (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 | 5,000.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0 | 0 |
| 13. All Loans Received | 0 | 5,000.00 |
| 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 | 10,000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 0 | 10,000.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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 | 0 | 8,541.82 |
| (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 | 8,541.82 |
| 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)) | 0 | 8,541.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 0 | 8,541.82 |

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# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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)) ▶ | 0 | 8,541.82 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶ | 0 | 8,541.82 |

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# SCHEDULE C (FEC Form 3X)
# LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 6

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

HAGAR, DEBORAH, R.

Mailing Address

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ ADVOCACY

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 50,000.00 | 0 | 50,000.00 |

**TERMS**

| Date Incurred (MM DD YYYY) | Date Due (MM DD YYYY) | Interest Rate | Secured |
|---|---|---|---|
| 02 / 01 / 2008 | 12 / 31 / 2008 | 0 % (apr) | [x] Yes [ ] 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) ▶ 50,000.00

**TOTALS** This Period (last page in this line only) ▶ 50,000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

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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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| Delivery Confirmation™ or Signature Confirmation™ Label ☐ | |
| ☐ USPS Express Mail | Postmarked |
| ☑ Postmark Illegible | |
| ☐ No Postmark | |
| ☐ Overnight Delivery Service (Specify): | Shipping Date |
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| ☐ Other (Specify): | Date of Receipt or Postmarked |
| JMS | 12/3/08 |
| PREPARER | DATE PREPARED |

(3/2005)

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