

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2008 JUL -8 AM 9:26
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 118

Check if different than previously reported. (ACC)

SAN BERNARDINO

CA

92408

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00418392

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

CA

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

CA

5. Covering Period

MM / DD / YYYY
04 / 01 / 2008

through

MM / DD / YYYY
06 / 30 / 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 RUTH HAGAR

Signature of Treasurer

Deborah Ruth Hagar

Date

MM / DD / YYYY
07 / 01 / 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. 02/2003)

28039762363

**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:

MM	DD	YYYY
04	01	2008

 To:

MM	DD	YYYY
06	30	2008

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYYYY</td></tr><tr><td>2008</td></tr></table>	YYYYYY	2008					
YYYYYY							
2008							
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>55530</td></tr></table>	00000000	55530			
00000000							
55530							
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>2018290</td></tr></table>	00000000	2018290				
00000000							
2018290							
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>2000000</td></tr></table>	00000000	2000000				
00000000							
2000000							
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>4018290</td></tr></table>	00000000	4018290		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>755330</td></tr></table>	00000000	755330
00000000							
4018290							
00000000							
755330							
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>332092</td></tr></table>	00000000	332092		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>669332</td></tr></table>	00000000	669332
00000000							
332092							
00000000							
669332							
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>86198</td></tr></table>	00000000	86198		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>86198</td></tr></table>	00000000	86198
00000000							
86198							
00000000							
86198							
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>0</td></tr></table>	00000000	0				
00000000							
0							
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>00000000</td></tr><tr><td>500000</td></tr></table>	00000000	500000				
00000000							
500000							

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. 02/2003)

Page 3

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2008 To: MM / DD / YYYY 06 / 30 / 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).....	20,000.00	20,000.00
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20,000.00	20,000.00
(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)..... ▶	20,000.00	20,000.00
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))..... ▶	20,000.00	20,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20,000.00	20,000.00

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DETAILED SUMMARY PAGE
of Disbursements

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	3,320.92	6,693.32
(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))	3,320.92	6,693.32
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)) ..	3,320.92	6,693.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3,320.92	6,693.32

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DETAILED SUMMARY PAGE
of Disbursements

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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))	33,209.2	6,693.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33,209.2	6,693.32

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Full Name (Last, First, Middle Initial)

A. DR. KENT BADGER

Mailing Address

1950 THIRD STREET

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF LAVERNE

Occupation

PROFESSOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 30 / 2008

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

2000.00

28039762368

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 7 OF 8

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)

Deborah R Hagar

Mailing Address

164 W HOSPITALITY LANE, SUITE 1B

City SAN BERNARDINO State CA ZIP Code 92408

Election:

- Primary
- General
- Other (specify) ▼

ADVOCACY

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
08 / 30 / 2008

MM / DD / YYYY
08 / 30 / 2008

MM / DD / YYYY
08 / 30 / 2008

MM / DD / YYYY
08 / 30 / 2008

MM / DD / YYYY
08 / 30 / 2008

0 % (apr)

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)..... ▶

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.

28039762369

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)
COMMERCE CENTER WEST ASSOCIATES

Mailing Address
164 W HOSPITALITY LANE
 City SAN BERNARDINO State CA Zip Code 92408

Purpose of Disbursement:
RENT

Activity or Event Identifier:
0.0.1 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
58,132.4

Date 06 / 30 / 2008

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>29,905.4</u>		<u>0</u>		<u>29,905.4</u>

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

Mailing Address
P.O. Box 9688
 City MISSION HILLS State CA Zip Code 91346-9688

Purpose of Disbursement:
PHONE

Activity or Event Identifier:
0.0.1 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
52,523

Date 06 / 30 / 2008

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>3,153.8</u>		<u>0</u>		<u>3,153.8</u>

C. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK

Mailing Address
2500 S. GROVE AVENUE
 City ONTARIO State CA Zip Code 91761

Purpose of Disbursement:
BANK ACCOUNT FEES

Activity or Event Identifier:
0.0.1 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
30.00

Date 06 / 30 / 2008

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>1,500</u>		<u>0</u>		<u>1,500</u>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>33,209.2</u>		<u>0</u>		<u>33,209.2</u>

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
<u>33,209.2</u>	<u>0</u>	<u>33,209.2</u>

28039762370

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
7/1/08

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

JMD
 PREPARER

7/8/08
 DATE PREPARED

28039762371