RECEIVED
FEC MAIL CENTER

2010 JAN 28 AM 9:33

Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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 — CITY ▲ — CA — STATE ▲ — 92408- — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00418392

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

100302305 52

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 MM / DD / YYYYYY in the State of

5. Covering Period 07 / 01 / 2009 through 12 / 31 / 2009

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 01 / 15 / 2010

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

FE6AN026

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: 07 / 01 / 2009 To: 12 / 31 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		2013.48
(b) Cash on Hand at Beginning of Reporting Period	995.79	
(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)	995.79	2013.48
7. Total Disbursements (from Line 31)	606.68	1624.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	389.11	389.11
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)	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

10030230553

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: 07 / 01 / 2009 To: 12 / 31 / 2009

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

10030230554

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	606.68	1,624.37
(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)) ▶	606.68	1,624.37
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))	606.68	1,624.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	606.68	1,624.37

10030230555

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)) ▶	606.68	1,624.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	606.68	1,624.37

10030230556

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 6 OF 7

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
CORLITION 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
- [x] 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:
02/01/2008	06/30/2010	0 % (apr)	[x] Yes [ ] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   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.

10030230557

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 2 OF 2

FOR LINE 21a OF FORM 3X

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:

Category/Type: 001

Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1,200.00

Date: 12 / 31 / 2009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
600.00		0		600.00

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

Mailing Address: P.O. Box 9688

City: MISSION HILLS State: CA Zip Code: 91346

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type: 001

Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 1,504.37

Date: 12 / 31 / 2009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
546.68		0		546.68

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

Mailing Address:

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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:

Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
606.68		0		606.68

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
606.68	0	606.68

10030239558

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
☐ 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
PREPARER	1/28/10 DATE PREPARED

(3/2005)

10030230558