

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

Form header with Date Stamp, CALIFORNIA 2001/02 FORM 460, Page 1 of 8, and For Official Use Only.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/04 through 9/30/04

Date of election if applicable: Nov 2, 2004

RECEIVED OCT 6 2 33 PM '04 COUNTY OF SAN DIEGO REGISTRAR OF VOTERS

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1269656

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Better Health Care - Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Health Care & Treatment Professionals

STREET ADDRESS (NO P.O. BOX) 960 Canterbury Place, Suite 300
CITY Escondido STATE CA ZIP CODE 92025 AREA CODE/PHONE 760-743-1201
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 3416
CITY Escondido STATE CA ZIP CODE 92033 AREA CODE/PHONE 760-743-1201

OPTIONAL: FAX / E-MAIL ADDRESS 760-743-9926 - fax

Treasurer(s)

NAME OF TREASURER Erick R. Altona
MAILING ADDRESS 960 Canterbury Place, Suite 300
CITY Escondido STATE CA ZIP CODE 92025 AREA CODE/PHONE 760-743-1201

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/04
Date
Executed on
Date
Executed on
Date
Executed on
Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Signature of Controlling Officeholder, Candidate, State Measure Proponent
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE Proposition BB Palomar/PomeradoHospDist

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/04</u>	
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1269656</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>711,200.00</u>	\$ <u>711,200.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>711,200.00</u>	\$ <u>711,200.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>711,200.00</u>	\$ <u>711,200.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>252,784.67</u>	\$ <u>252784.67</u>
7. Loans Made ..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>252,784.67</u>	\$ <u>252784.67</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 <b>+Sched G Total</b>	\$ <u>257,745.85</u>	\$ <u>257745.85</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0.00</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>711,200.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0.00</u>
15. Cash Payments ..... Column A, Line 11 above	<u>257,745.85</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>453,454.15</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 7/1/04  
through 9/30/04

CALIFORNIA FORM **460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER  
1269656

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>711,200.00</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>0.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b> <u>711,200.00</u>

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee



**Schedule C  
Nonmonetary Contributions Received**

**\*\*\*CONTINUATION SHEET FOR SCHEDULE C\*\*\***

Type or print in ink.  
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/04</u>	
Page _____ of _____	I.D. NUMBER 1269656

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/04	Office Depot 649 W. Mission Ave. #10 Escondido, CA 92025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Misc. office supplies	250.00		
9/1/04	Hospital Forms 5360 Eastgate Mall Road San Diego, CA 92121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printed materials for campaign			
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/04</u>	
Page <u>5</u> of <u>8</u>	

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NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER

1269656

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/04	McMillin Realty 2727 Hoover Avenue National City, CA 91950	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office space for telephone banking			
9/20/04	Century 21 Realty 700 La Terraza Blvd Suite 100 Escondido CA 92025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office space for telephone banking			
9/20/04	Century 21 Realty 9934 Mercy Road, Ste. 200 San Diego CA 92129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office space for telephone banking			
6/1/04	Regency Pacific 970 Fifth Avenue NW Issaquah WA 98027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office space for telephone banking			

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/04</u> through <u>9/30/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

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Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER  
1269656

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>OMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FL</b> candidate filing/ballot fees                                   | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 252,784.67**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>252,620.50</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>164.17</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>252,784.67</u>



Schedule E - Attachment Sheet		Statement covers period				
Payments Made		from 7/1/04 through 9/30/04				
Name of Payee	Address of Payee	Code or	Description of Payment	Amount Paid		
SBC	370 Third St Rm 411 San Francisco CA 94107	OFC		534.42		
The Lew Edwards Group	5454 Broadway Oakland CA 94618	CNS		25,000.00		
The Lew Edwards Group	5454 Broadway Oakland CA 94618	SAL		7,664.51		
Rancho Bernardo Inn	17550 Bernardo Oaks Dr San Diego CA 92128	MTG		700.00		
Escondido Charter High School	1868 E Valley Pkwy Escondido CA 92027	FND		40.00		
City Treasurer - Poway	12935 Pomerado Rd Poway CA 92064	FND		123.50		
Sign Strategies	927 Calle Negocio Ste L San Clemente CA 92673	LIT		980.00		
Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		10,587.94		
Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	POS		5,073.00		
Cingular Wireless	PO Box 60017 Los Angeles CA 90060	OFC		469.44		
North County Insurance	PO Box 907 Escondido CA 92033	PRO		2,761.27		
Cocina del Charro	525 N Quince Escondido CA 92025	FND		100.00		
The Clinton Group	1350 Connecticut Ave NW #1102 WA DC 20036	PHO		13,825.43		
Fotomania	4140 Oceanside Blvd #159-102 Oceanside CA 92056	LIT		1,287.00		
Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		8,751.38		
Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	POS		2,625.00		
The Clinton Group	1350 Connecticut Ave NW #1102 WA DC 20036	PHO		8,960.00		
21st Century Micro Systems	PO Box 136 Lakewood CA 90714	OFC		476.30		
Main Street Checks	355 W Grand Ave	OFC		17.06		
Jennifer Rindahl	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,500.00		
Leah Larson	225 E 2nd Ave #202 Escondido CA 92025	SAL		1,160.60		
Elizabeth Curtis	225 E 2nd Ave #202 Escondido CA 92025	SAL		1,750.00		
Andy Hoang	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,250.00		
Rikki Hawkins	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,000.00		
Sandrea Everett	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,300.00		
Rancho Bernardo Inn	17550 Bernardo Oaks Dr San Diego CA 92128	FND		2,614.55		
City Treasurer - Poway	12935 Pomerado Rd Poway CA 92064	FND		40.50		
Creativity in Communications	5454 Broadway Oakland CA 94618	LIT		36,800.00		
USPS	1157 W Mission Ave Escondido CA 92025	OFC		500.00		
Radisson Suite Hotel	11520 W Bernardo Ct San Diego CA 92127	FND		957.39		
Neuwirth/Krayna Design Group	1250 Addison St #101 Berkeley CA 94702	LIT		3,114.85		
Stacie Corbaley	520 Myrtlewood Ct#2 Escondido CA 92027	CMP		35.41		
Marcia Jackson	6827 Moorhen Pl Carlsbad CA 92009	CMP		31.20		
Bagatelos Law Firm	380 W Portal Ave Ste F San Francisco CA 94127	PRO		1,000.00		
Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	POS		4,378.00		



**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7/1/04</u> through <u>9/30/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>8</u>

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Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER  
1269656

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>FET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Lounsbery Ferguson Altona & Peak LLP	PRO				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<b>SUBTOTALS \$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
---------------------	-----------	-----------	-----------	-----------

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** \_\_\_\_\_
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** \_\_\_\_\_  
May be a negative number

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	7/1/04	Page	8 of 8
through	9/30/04	I.D. NUMBER	1269656

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elizabeth Curtis 225 E 2nd Avenue #202 Escondido CA 9025	OFC		52.05
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 9025	OFC		972.32
Sandy Everett 225 E 2nd Avenue #202 Escondido CA 9025	OFC		74.00
Sandy Everett 225 E 2nd Avenue #202 Escondido CA 9025	OFC		216.49

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 4,961.18**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>7/1/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>9/30/04</u>	
Page <u>8</u> of <u>    </u>	

\*\*\*CONTINUATION SHEET FOR SCHEDULE G\*\*\*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER

1269656

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Elizabeth Curtis 225 E 2nd Avenue #202 Escondido CA 92025	OFC		52.53
Sandy Everett 225 E 2nd Avenue #202 Escondido CA 92025	OFC		173.94
Rikki Hawkins 225 E 2nd Avenue #202 Escondido CA 92025	OFC		246.98
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido Ca 92025	OFC		165.78

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 7/1/04  
through 9/30/04

SCHEDULE G  
**CALIFORNIA  
FORM 460**

\*\*\*CONTINUATION SHEET FOR SCHEDULE G\*\*\*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

I.D. NUMBER

1269656

Page 8 of     

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 9025	OFC			250.00
Sandy Everett 225 E 2nd Avenue #202 Escondido CA 9025	OFC			1218.95
Andy Hoang 225 E 2nd Avenue #202 Escondido CA 9025	OFC			154.30
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 9025	OFC			92.15

**TOTAL\* \$**

Attach additional information on appropriately labeled continuation sheets.

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**Schedule G  
Payments Made by an Agent or Independent  
Contractor (on Behalf of This Committee)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>7/1/04</u> through <u>9/30/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>    </u>
I.D. NUMBER 1269656	

\*\*\*CONTINUATION SHEET FOR SCHEDULE G\*\*\*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FL candidate filing/ballot fees                                   | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 9025	OFC		724.85
Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 9025	OFC		499.58
Leah Larson 225 E 2nd Avenue #202 Escondido CA 9025	OFC		67.26

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$**

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