State of California

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2 COVER PAGE-PART 2
CALIFORNIA 460
FORM

Page \_\_\_\_ 2 \_\_\_ of \_\_\_\_\_\_

NAME OF OFFICEHOLDER OR CANDIDATE			N/	ME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APE	PLICABLE)	B/	ALLOT NO. OR LETTER	JURISDICTIO	ON		
OFFICE SOUGH! OK HEED /MOTORE FOOM			P	roposition BB	Palomar/	PomeradoH	lospDist	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIP	ld	entify the controlling o	fficeholder, car	ndidate, or st	tate measur	e proponent, if a
			N/	AME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Include not included in this statement that are co-contributions or make expenditures on be	ntrolled by you or are primarily fo		Ō	FFICE SOUGHT OR HELD			DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUMBER		_		<u></u>	<u> </u>		
NAME OF TREASURER	CONTROLLED C	OMMITTEE?		rimarily Formed Co				
			w		marity formed.		ceholder(s) o	<u>,                                    </u>
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)		N/	hich this committee is pri	marily formed.	OFFICE SOU		SUPPOR
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)	□ NO	W N	hich this committee is pri	CANDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT SUPPORT OPPOSE OPPOSE
СПҮ	YES  PRESS (NO P.O. BOX)  STATE ZIP CODE AR	NO NO REA CODE/PHONE	N/ N	AME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOU	GHT OR HELI	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Stateme from	nt covers period 7/1/04	CALIFORNIA 460
through	9/30/04	Page3 of
T	)fii-	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through	9/30/04	Page of
NAME OF FILER  Citizens for Better Health Care - Yes on BB, A Colation of Doctor	rs Nurses Medical Staff	f health Care & Treatmen	it Professionals	I.D. NUMBER 1269656
Contributions Received	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summ Running in Both the	mary for Candidates	
1. Monetary Contributions	\$ 711,200.00	\$ 711,200.00 \$ 711,200.00 \$ 711,200.00	General Elections  1/1 thro  20. Contributions Received \$  21. Expenditures Made \$	ugh 6/30 7/1 to Date
Expenditures Made  6. Payments Made Schedule E, Line 4	050 704 07	\$ 252784.67	Expenditure Limit Su	<b>V</b>
7. Loans Made	\$ 252,784.67	\$ 252784.67		Expenditures Made* tuntary Expenditure Limit) Total to Date
10. Nonmonetary Adjustment	257,745.85	\$ 257745.85		\$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 3 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	\$ 0.00 711,200.00 0.00 257,745.85 \$ 453,454.15	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		\$\$ \$\$ \$\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	*Since January 1, 2001. Ar different from amounts repo	nounts in this section may be red in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents		any).	FPPC Toll-	FPPC Form 460 (June/0 Free Helpline: 866/ASK-FPI

Schedule Monetary	A Contributions Received	Amount	or print in ink. s may be rounded whole dollars.	Statement cov	vers period /1/04		schedule FORNIA 460 ORM
				through 9	/30/04	Page	4of
NAME OF FILER	ons on REVERSE r Better Health Care - Yes on BB, A Colation of Doctor	rs, Nurses, Me	edical Staff, health Care & T	reatment Profession	onals	1.D. NL	JMBER 656
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC		•			
•		□IND □COM □OTH □PTY □SCC		•			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				·	
			SUBTOTAL	\$			
Amount include	e A Summary received this period – contributions of \$100 or more. all Schedule A subtotals.) received this period – unitemized contributions of less the			711,200.00	IND COI OTH PTY	(other I – Other ' – Politica	al ent Committee than PTY or SCC)
3 Total mo	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Colo			711,200.00		-Small (	Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC Citizens for Better Health Care - Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Health Care Treatment Professionals

9656

	A - Attachment Sheet		Statement covers period		10-12		mittee ID #126
Vionetary	Contributions Received		from 7/1/04 through 9/30	104	California F	orm 460	
					Page 1:	of <u>1</u>	
Date Received	Full Name of Contributor	Street Address	City, State, Zip	If an Individual, Enter Occupation and Employer (i Self-employed, Enter Name of Business)	Contributor	Amount Received	Cumulative to Da Calendar Year (Ja 1 Dec 31)
08/25/04		12225 El Camino Real	San Diego, CA 92130				
08/25/04	California Emergency Physicians	210 Webster St, Suite 1770	Oakland, CA 94612	The state of the s	OTH	\$250,000.00	\$250,000.00
08/27/04	Alan Larson, M.D.	15526 Pomerado Rd Ste C2	Poway, CA 92064	MD Con Diago Di	OTH	\$50,000.00	\$50,000.00
08/27/04	Ruth Larson, M.D.	15525 Pomerado Rd Ste C2	Poway, CA 92064	MD-San Diego Digestive Disease Consult.	IND	\$1,000.00	\$1,000.00
	Michael Covert	13024 Olmeda Court	San Diego, CA 92128	MD-Bernardo Dermatology Med Grp	IND	\$1,000.00	\$1,000.00
08/27/04	Palomar Medical Center Medical Staff	555 E. Valley Pkwy	Escondido, CA 92025	CEO-Palómar Pomerado Hosp Dist	IND .	\$1,000,00	\$1,000.00
	George Y. Kung, M.D.	120 Craven Road Ste 209	San Marcos, CA 92069	ISSO N. d. C	OTH '	\$50,000.00	\$50,000.00
09/02/04	Pomerado Medical Staff	15615 Pomerado Road	Poway, CA 92064	MD-North County Women's Med Clinic	IND	\$5,000,00	\$5,000.00
	Valley Pathology Medical Associates Inc	555 E. Valley Pkwy	Escondido, CA 92025		OTH :	\$50,000,00	\$50,000.00
	Davis Wright Tremaine LLP	2600 Century Sq. 1501 4th Ave	Seattle, WA 98101-1688		OTH:	\$20,000.00	\$20,000.00
	Paul and Susan Demuro	3652 Clay St	San Empleon CA 04440	A 15. 8 18	OTH	\$5,000.00	\$5,000.00
	Anesthesia Consultants of Calif Med Grp	332 S. Juniper #109	Escondido, CA 92025	Aity-Latham & Watkins, LLP	IND '	\$1,000,00	\$1,000.00
09/16/04	Kaiser Permanente Foundation Health PI	4647 Zion Avenue	San Diego, CA 92120		ОТН	\$50,000.00	\$50,000.00
09/16/04	Palomar Medical Center Auxillary	555 E. Valley Pkwy	Escondido, CA 92120		OTH	\$150.000.00	\$150,000.00
	Robert & Mary Ann Hemker	15644 Pomerado Road #E-N	Poway, CA 92064	ore n	OTH (	\$10,000.00	\$10,000.00
	Paul Neustein, MD, Inc	3926 Rill Court	Carlsbad, CA 92008	CFO-Palomar Pomerado Hosp Dist	IND	\$500,00	\$500.00
09/21/04	Ursula Hyman	1277 Avocado Terrace		MD-Pomerado Hospital	IND :	\$1,000.00	\$1,000.00
	James Flinn	11978 Corte Tezcuco	Pasadena, CA 91104 San Diego, CA 92128	Atty-Latham & Watkins, LLP	IND ,	\$1,000.00	\$1,000.00
09/21/04	Scott & Sherry Haber	510 Eucalyptus		Executive Mgmt Team - Pal Pom Hosp Dis	IND I	\$500.00	\$500.00
09/24/04	Valley Radiology Consultants Med Grp	321 W. Mission Ave.	Escondido, CA 92025	Alty-Latham & Watkins, LLP	IND !	\$500.00	\$500.00
09/24/04	Louis & Lotie Shoemaker	877Hidden View Lane			OTH!	\$50,000.00	\$50,000.00
	Alan J. Conrad, MD	10525 Quail Springs Court	Escondido, CA 92027	Executive Mgmt Team - Pal Pom Hosp Dis	IND :	\$500.00	\$500.00
	Marcia Jackson	6827 Moorhen Place	San Diego, CA 92131	MD-North County Internists	IND	\$500.00	\$500.00
09/24/04	Richard & Mary Evert		Carlsbad, CA 92009	Executive Mgmt Team - Pal Pom Hosp Dis	IND	\$500.00	
00/24/04	Esc OB/GYN Med Grp - John Hannig	11076 Madrigal Street	San Diego, CA 92129	Strategic Planning & Change Momt	IND ·	\$200.00	\$500.00
002404	Esc OB/GYN Med Grp - Karen Kohatsu	641 E. Pennsylvanie Ave #202	escondido, CA 92025	MD-Escondido OB-GYN Med Grp Inc.	IND	\$500.00	\$200.00
OGIZAIOA		641 E. Pennsylvanie Ave #202	Escondido, CA 92025	MD-Escondido OB-GYN Med Gro Inc	IND	\$500.00	\$500.00
ODDAMA		641 E. Pennsylvanie Ave #202	Escondido, CA 92025	MD-Escondido OB-GYN Med Gro Inc.	IND ;	\$1,000.00	\$500.00
	Susan K. Lee		Escondido, CA 92025	MD-Escondido OB-GYN Med Gro Inc.	IND	\$1,000.00	\$1,000.00
	V.E. Tesoro MD		San Diego, CA 92131	Alty-Latham & Watkins, LLP	IND		\$1,000.00
	V.E. resure MD Katherine Lauer		Encinitas, CA 92024	Executive Mgmt Team - Pal Pom Hosp Dis	IND :	\$500.00	\$500.00
			San Diego, CA 92120	Atty-Latham & Watkins, LLP	IND	\$500.00	\$500.00
	Escondido Pulonary Med Group Inc		Escondido, CA 92025		OTH	\$1,000.00	\$1,000.00
บชเงบเป4	Robert & Stacy Frances	322 D Avenue	Coronado, CA 92118	Atty-Latham & Watkins, LLP	IND	\$6,000,00	\$6,000.00
<del></del>					11417	\$1,000.00	\$1,000.00
<del>.</del>				0	UBTOTAL	\$711,200.00	

# Schedule C Nonmonetary Contributions Received \*\*\*CONTINUATION SHEET FOR SCHEDULE C\*\*\*

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Rotter Health Care. Ves on RB. A Colation of Doctors. Nurses. Medical Staff, health Care & Treatment Professionals

1269656

Citizens for Better Health Care - Yes on BB, A Colation of Doctors, Nurses, Medical Staff, health Care & Treatment Professionals **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION **DESCRIPTION OF** DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND FAIR MARKET TO DATE OCCUPATION AND EMPLOYER DATE CALENDAR YEAR GOODS OR SERVICES ZIP CODE OF CONTRIBUTOR CODE \* (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) Misc. office Office Depot 250.00 ПСОМ 8/24/04 supplies 649 W. Mission Ave. #10 **X**IOTH Escondido, CA 92025 □PTY □SCC Printed materials **Hospital Forms** □COM 9/1/04 for campaign 5360 Eastgate Mall Road MIOTH San Diego, CA 92121 □PTY □SCC □ COM MOTH □PTY □scc ☐COM HTOIX □PTY □SCC **SUBTOTAL \$** 

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.)

  \$ \_\_\_\_\_\_\$
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ......\$

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

FPPC Form 460 (June/01) FPPC Toil-Free Helpline: 866/ASK-FPPC

### Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Stateme	nt covers period	CALIFORNIA ACO
from	7/1/04	FORM 400
through	9/30/04	Page 5 of 8
		I.D. NUMBER

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

1269656

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	□IND □COM INTOTH □PTY □SCC		Office space for telphone banking			
9/20/04	Century 21 Realty 700 La Terraza Blvd Suite 100 Escondido CA 92025	□IND □COM IZOTH □PTY □SCC		Office space for telephone banking			
9/20/04	Century 21 Realty 9934 Mercy Road, Ste. 200 San Diego CA 92129	□IND □COM  INTOTH □PTY □SCC		Office space for telephone banking			
6/1/04	Regency Pacific 970 Fifth Avenue NW Issaquah WA 98027	□IND □COM INTOTH □PTY □SCC		Office space for telephone banking			
Attach ad	ditional information on appropriately labe		ion sheets	SUBTOTAL			

Schedule C Summary

Amount received this period – nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)

\$ \_\_\_\_\_\_\_
\$ \_\_\_\_\_\_

2. Amount received this period – uniternized nonmonetary contributions of less than \$100 ......\$

\*Contributor Codes
IND – Individual
COM – Recipient Committee

COM – Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Better Health Care - Yes on BB, A Colat	yments Made  Amounts may be rounded to whole dollars.  from			FORM 46  Page 6 of 8  I.D. NUMBER
CODES: If one of the following codes accurately descricted 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  LT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ses lating	RAD radio airtime and processor returned contributions SAL campaign workers's two or cable airtime at TRC candidate travel, lodg TRS staff/spouse travel, loss TSF transfer between composition of the transfer be	duction costs s alaries nd production costs ing, and meals
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditur	res must also be summ	arized on Schedule D.		SUBTOTAL\$ 252,784.67
Schedule E Summary  1. Payments made this period of \$100 or more. (Include a	Il Schedule E subtotal	s.)		\$ 252,620.50

2. Unitemized payments made this period of under \$100 ......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

164.17

252,784.67

0.00

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	n 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	<u> </u>		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	<u> </u>		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

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

Commitee ID #1269656 Page 2 of 2

Flying Colors, USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		12,589.72
Direct Mail & Print	251 N Vinewood Ste A Escondido CA 92029	LIT		1,330.60
USPS	1157 W Mission Ave Escondido CA 92025	POS		3,050.10
California Latino Voters Guide	930 Colorado Blvd Bldg 2 Los Angeles CA 90041	PRT	·	600.00
Citizens for Representative Govt	9000 Sunset Blvd #707 Los Angeles CA 90069	PRT		5,000.00
Democratic Voters Choice	340 N Meyers St Burbank CA 91506	PRT		900.00
Republican Voter Checklist	1218 El Prado Ave Ste 128 Torrance CA 90501	PRT		1,000.00
COPS Voters Guide	705-2 E Bidwell St #370 Folsom CA 95630	PRT		4,000.00
Citizens for Good Government	340 N Meyers St Burbank CA 91506	PRT		1,750.00
Coalition for Senior Citizen Security	2350 Hidalgo Ave Los Angeles CA 90039	PRT		5,700.00
Continuing the Republican Revolution	1300 N Bristol St N #100 Newport Beach CA 92660	PRT		1,000.00
Cal Voter Guide	20705 S Western Ave #200 Torrance CA 90501	PRT		8,500.00
Ziegler Design	1526 62nd St Emeryville CA 94608	LIT		1,170.00
Fairbank Maslin Maullin & Assoc	2425 Colorado Ave #180 Santa Monica CA 90404	POL		15,000.00
Fairbank Maslin Maullin & Assoc	2425 Colorado Ave #180 Santa Monica CA 90404	POL		25,000.00
Jennifer Rindahl	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,500.00
Elizabeth Curtis	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,100.00
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
Andy Hoang	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,250.00
Leah Larson	225 E 2nd Ave #202 Escondido CA 92025	SAL		1,750.00
USPS	1157 W Mission Ave Escondido CA 92025	POS		500.00
Sign Strategies	927 Calle Negocio Ste L San Clemente CA 92673	LIT		1,385.50
			SUBTOTAL	252,784.67

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	· American	•			
				· .	SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement coverage 7/1		FORM 460
SEE INSTRUCTIONS ON REVERSE			through9/3	30/04 Pag	e_7_ of_8_
NAME OF FILER					JMBER
Citizens for Better Health Care - Yes on BB, A Colation of	f Doctors, Nurses, Medica	il Staff, health Care &	& Treatment Profess	sionals 1269	0656
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearate office expenses PET petition circulating phone banks POL politing and survey rest postage, delivery and professional services PRT print ads	ns inces search messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	and production costs ibutions kers' salaries rtime and production coel, lodging, and meals avel, lodging, and meal en committees of the s	s ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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				

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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				
			*		

summarized on Schedule D.

## Schedule F Summary

1.	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.)
2.	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.)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

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

	SCHEDULE G
Statement covers period 7/1/04	CALIFORNIA 460
through 9/30/04	Page 8 of 8
Treatment Professionals	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 describe	es the payment, you may enter the code.	Otherwise, describe the payment.
CODES: If one of the following codes accurately described 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	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)	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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (linetifet, e-mail)

<sup>\*</sup> 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 O	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.

<sup>\*</sup> 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.

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

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE G
Statement covers period 7/1/04		CALIFORNIA 460
through	9/30/04	Page8 of

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwis	e, 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		staff/spouse travel, lodging, and meals
ND	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)		voter registration
LIT.	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
			•		

<sup>\*</sup> 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	DR 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

<sup>\*</sup> 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

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

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period 7/1/04	california 460
through 9/30/04	Page 8 of
	I.D. NUMBER

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

1269656

COUEDINE C

NAME OF AGENT OR INDEPENDENT CONTRACTOR

COL	DES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
OMP CNS CTB CVC FL FND ND LEG	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

<sup>\*</sup> 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 LD. NUMBER)	CODE C	DR 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

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> 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.

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

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

			CHEDOLE	
Statement covers period from 7/1/04		CALIFORNIA 46		
through	9/30/04	Page 8 of		

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

1269656

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

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

 $<sup>^</sup>st$  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 O	R 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\* \$

<sup>\*</sup> 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.