| | COVER PAGE | |
|-----------|---|--|
| | CALIFORNIA 460 2001/02 FORM | |
| | Page1 _ of12 | |
| H | For Official Use Only | |
| ΨĒ | GQ . | |
| ad eci | lariy Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495 | |
| | | |
| | | |
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| | | |
| 02: | AREA CODE/PHONE 760-743-1201 | |
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| CC | ODE AREA CODE/PHONE | |
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| d s | schedules is true and complete. I | |
| | | |

State of California

| Recipient Committee | Type or print in i | ink. | Date Stamp | CALIFORNIA 460 |
|--|--|---|---|--|
| Campaign Statement Cover Page | | | | 2001/02 TOO FORM |
| (Government Code Sections 84200-84216.5) | | In a state of the second section | RECEIVED | |
| | Statement covers period 10/01/04 | Date of election if applicable: (Month, Day, Year) | Det 27 8 50 M | Page 1 of 12 |
| SEE INSTRUCTIONS ON REVERSE | through10/16/04 | 11/02/04 | RECISTAL OF VAL | 101 |
| 1. Type of Recipient Committee: All Committees - Co | mplete Parts 1, 2, 3, and 4. | 2. Type of Statement. | 67 | 6110 |
| ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) | allot Measure Committee Primarily Formed Controlled Sponsored Socomplete Part 6) | Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain be | ☐ Spe | acial Odd-Year Report plemental Preelection tement - Attach Form 495 |
| General Purpose Committee Sponsored Small Contributor Committee | Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7) | | | |
| | D. NUMBER 269656 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | | |
| Citizens for Better Health Care - Yes on BB, A C | coalition of Doctors, | Erick R Altona | · | |
| Nurses, Medical Staff, Health Care & Treatment | Professionals | MAILING ADDRESS 960 Canterbury Place S | wite 300 | |
| STREET ADDRESS (NO P.O. BOX) 960 Canterbury Place, Suite 300 | | CITY Escondido | | AREA CODE/PHONE 25 760-743-1201 |
| CITY STATE ZIP CO Escondido CA 9202 | | NAME OF ASSISTANT TREASUR | ER, IF ANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E | | MAILING ADDRESS | | |
| PO Box 3416 | · | | | |
| CITY STATE ZIP CO Escondido CA 9203 | | CITY | STATE ZIP | CODE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS 760-743-9926 fax | | OPTIONAL: FAX / E-MAIL ADDR | ESS | |
| Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State | ring this statement and to the best of my of California that the foregoing is true a | y knowledge the information container and correct. | d herein and in the attached | i schedules is true and complete. I |
| Executed on | Ву: | Signature of Treasurer or Assistant 1 | reasurer | |
| Executed on | BySignature of Coo | ntrolling Officeholder, Candidate, State Measure Pro | ponent or Responsible Officer of Sponso | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, St | ste Measure Proponent | <u>. </u> |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate, St | ate Measure Proponent | FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC |

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

Page ____2 of _______

| Officeholder or Candidate Controlled Committee | | | Bailot Measure Comm | nittee | | | |
|---|------------------------------------|----|----------------------------|-----------------|-----------------|----------------|--------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC | T NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | | SUPPORT |
| | | • | BB | San Dieg | o County | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI | TY STATE ZIP | | identify the controlling o | fficeholder, ca | ndidate, or s | tate measure | proponent, if any. |
| | | | NAME OF OFFICEHOLDER, CA | ANDIDATE, OR PR | ROPONENT | | : |
| Related Committees Not included in this Sta not included in this statement that are controlled by you of contributions or make expenditures on behalf of your can | r are primarily formed to receive | | OFFICE SOUGHT OR HELD | | | DISTRICT NO | . IF ANY |
| COMMITTEE NAME NAME OF TREASURER | I.D. NUMBER CONTROLLED COMMITTEE? | 7. | Primarily Formed Co | | t names of offi | ceholder(s) or | candidate(s) for |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO | YES NO | | NAME OF OFFICEHOLDER OR | · · | OFFICE SOL | JGHT OR HELD | SUPPORT |
| | | | | | | | OPPOSE |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? YES NO | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE ADDRESS (NO P.O. BO | DX) | | | | <u> </u> | | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | | Att | ach continuati | on sheets if | necessary | |

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Better Health Care - Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Health Care & Treatment Professionals Column B Calendar Year Summary for Candidates Column A **Contributions Received** TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 1.240.650.00 529,450.00 1. Monetary Contributions Schedule A, Line 3 \$ 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B, Line 3 20. Contributions 529,450.00 1,240,650.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ Received 6128.30 3128.40 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 532,578.40 1.246.778.30 . Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ **Expenditures Made Expenditure Limit Summary for State** 765.432.14 1.018.216.81 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0.00 0.00 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 765,432.14 1,018,216.81 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 2131.04 8997.19 Date of Election Total to Date (mm/dd/vv) 0.00 0.00 1.027.214.00 770940.74 **Current Cash Statement** 453,454.15 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add 529,450.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in 770.940.74 15. Cash Payments Column A, Line 8 above Column A may be negative 211.963.41 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 0.00 for this calendar year, only 17 LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ 8997.19 FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

| Schedule A | |
|-------------------------------|----------|
| Monetary Contributions | Received |

Type or print in ink.
Amounts may be rounded

Statement covers period

| Monetary | lonetary Contributions Received | | whole dollars. | from10/ | 01/04 | FORM | 460 |
|------------------|--|---|---|-----------------------------------|--|--|----------------------------|
| | | | | through10 | /16/04 | Page 4 | of 12 |
| EE INSTRUCTIO | NS ON REVERSE | | | | | I.D. NUMBER | |
| AME OF FILER | | | The Court Handle Come O T | Transport Drofoss | ionale | 1269656 | |
| Citizens for | Better Health Care - Yes on BB, A Coalition of Docto | rs, Nurses, M | edical Statt, Health Care & I | realment Profess | IONAIS | 1203000 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. | AR TO | LECTION DATE QUIRED) |
| | | □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 | .\$ | | | |
| 1 Amounts | A Summary eceived this period – contributions of \$100 or more. | | ¢ | 529,400.00 | IND- | tributor Codes Individual Recipient Comm | |
| | all Schedule A subtotals.) | | | 50.00 | отн | (other than PTY - Other | or SCC) |
| 2. Amount r | eceived this period – unitemized contributions of less t | han \$100 | \$ | | | - Political Party | Committee |
| 3. Total mor | netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Coli | umn A, Line 1. |) TOTAL \$_ | 529,450.00 | SUC | - Small Contributor | 160 (June/01) |

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

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

| chedule. | A - Attachment Sheet | | Statement covers period | | California F | | |
|------------------|---|---|--|---|---------------------|-----------------------------|---|
| | Contributions Received | | from 10/1/04 through 10/16/04 | | Page 1_ | of <u>2</u> | |
| Date Received | Fuii Name of Contributor | Street Address | City, State, Zip | If an individual, Enter Occupation and Employer (If Salf-employed, Enter Name of Business) | Contributor Code | Amount Received this Period | Cumulative to Dat Calendar Year (Ja 1 Dec 31) |
| | | 19 Tamal Vista Lane | Kentfield, CA 94904 | Atty-Letham & Watkins LLP | IND | \$500,00 | \$500.0 |
| | Robert M. Dell | 1948 Ravista Lane | La Canada, CA 91011 | Atty-Latham & Watkins LLP | IND | \$500.00 | |
| | Susan Azad | 1037 Star Park Circle | Coronado, CA 92118 | Attv-Latham & Watkins LLP | IND | \$250.00 | \$250.0 |
| | Peter Benzian | | Coronado, CA 92118 | Atty-Lathern & Watkins LLP | IND | \$100.00 | |
| 10/01/04 | Hugh Steven Wilson | 830 J Avenue | San Francisco, CA 94118 | Atty-Latham & Watkins LLP | IND | \$1,500.00 | |
| | Paul and Susan Demuro | 3652 Clay St 7769 Eads Ave. | La Jolia, CA 92037 | to doll results over a market on any | IND | \$500.00 | |
| | Elizabeth Renfree | 2111 February Court | San Diego, C 92110 | | IND | \$500.00 | |
| | Gerald & Tracy Bracht | 26948 N Broadway | Escondido, CA 92026 | Mountain Meadow Mushrooms | IND | \$1,000.00 | |
| | Robert Crouch | 828 S Broadway | Escandido CA 92025 | (MIDDINGS) PROGRAM | IND | \$500.00 | |
| | Margaret Moir | 11720 Caminito Tamborrei | San Diego, CA 92131 | | IND | \$150.00 | |
| | Francis Barber, Jr. | 14652 Sunset Mountain Way | Poway, CA 92064 | | IND | \$250.00 | |
| | Richard Snyder | 17626 Plaza Ascope | San Diego CA 92128 | <u> </u> | IND | \$250.00 | |
| | Richard Haldeman | 488 E Valley Pkwy #201 | Escondido CA 92025 | | OTH | \$500,00 | |
| | Escondido Cardiology Assoc Inc | 600 W Broadway #1800 | San Diego CA 92101 | | IND | \$200.00 | |
| | Robert Howard | 13186 Sundance Ave | San Diego CA 92129 | | IND | \$100.00 | |
| 10/07/04 | Mark & Elizabeth Vierra | 332 S Juniper St #216 | Escondido CA 92025 | † | ОТН | \$20,000.00 | |
| 10/07/04 | North County Trauma Associates | PO Box 699 | Escondido CA 92033 | THE REPORT OF THE PROPERTY OF | ОТН | \$375,000.00 | |
| 10/08/04 | Palemar Pomerado Health Foundation | 18191 Von Karman Ave | Irvine CA 92612 | <u> </u> | OTH | \$1,000.00 | |
| | The Gallup Organization-Community Bidrs | 1660 Hotel Circle North #314 | San Diego CA 92108 | PAC ID#802088 | COM | \$1,000.00 | |
| | SD Electrical Contractors | 1660 Hotel Circle North #314 | San Diego CA 92108 | PAC ID#802088 | COM | \$1,500.00 | |
| | SD Electrical Contractors | 12702 Via Cortina | Del Mar CA 92014 | 1110 101100200 | OTH | \$3,000.00 | |
| 10/15/04 | Interspec Borgquist Rippy | 5055 Wilshire Blvd Ste 900 | Los Angeles CA 90036 | Intermediary & contributor | OTH | \$100,000,00 | |
| 10/15/04 | Anshen + Allen Los Angeles \$43,500 | 901 Market St | San Francisco, CA 94103 | (130-14-16-rate) or around increase | OTH | V | 7 : |
| | Anshen + Allen San Francisco \$23,500 | 10113 Jefferson Blvd | Culver City CA 90232 | | OTH | | |
| | M-E Engineers Inc \$11,250 | 6080 Center Drive #300 | Los Angeles CA 90045 | <u> </u> | OTH | | |
| | KPFF Consulting Engineers \$13,000 | | San Bruno CA 94066 | | OTH | | |
| | Kurt Salmon Associates \$ 5,000 | 950 Elm Ave #300 | San Diego GA 92131 | | OTH | | |
| | Bechard & Associates \$ 3,750 | 10670 Treena St #208 | | | OTH | \$5,000.00 | \$5,000 |
| | Consulting Solutions Inc | 11629 Timsford Road | San Diego CA 92131 | R.N. Palomar Medical Center | IND | \$50.00 | |
| 10/15/04 | Nancy Bassett | 8999 Circle R View Ln | Escondido CA 92026 | Retired | IND | \$100.00 | |
| 10/15/04 | Theodore Kielter | 1401-320 El Norte Pkwy | San Marcos, CA 92069 | M.D. | IND | \$500.00 | |
| | Marcelo R Rivera MD Inc | 1516 Main St Ste 104 | Ramona CA 92065 | IRLU. | IND | \$1,000.00 | |
| | Carlton R. and Eileen Appleby Johnson Gray Advertising, Inc. | 16055 Old Geujiko Grade Rd 5 Upper Newport Plaza | Rescondido CA 92027-6204 Newport Beach CA 92660 | | OTH | \$5,000.00 | |

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

California Form 460 Page 2 of 2

| 10/15/04 James W. and Marjorie C. Gauss | 18 Willow Brook | Irvine CA 92604 | I IND I | \$500.00 | \$500.00 |
|---|------------------------------------|------------------------|----------|--------------|--------------|
| 10/15/04 Pomerado Hospital Auxiliary | 15815 Pomerado Road | Poway, CA 92064 | OTH | \$2,000,001 | \$2,000.00 |
| 10/15/04 Witt/Kieffer Ford Hadelman Lloyd | | Oak Brook, IL 60523 | ОТН | \$2,000.00 | \$2,000,00 |
| 10/15/04 Kurt Salmon Associates | 1355 Peachtree St. N.E., Suite 900 | Atianta, GA 30309-3269 | OTH | \$5,000.00 | \$10,000,00 |
| | | | | 1 | |
| | | | | | |
| | | | SUBTOTAL | \$529,450,00 | \$535,450,00 |

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA **FORM** 10/1/04 of 12 through 10/16/04 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Coalition 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 | McMillan Realty 2727 Hoover Avenue National City CA 91950 | □IND □COM ☑OTH □PTY □SCC | | Office space for telephone banking | 132.80 | 216.10 | • |
| 9/20/04 | Century 21 Realty 700 La Terraza Blvd Suite 100 Escondido CA 92025 | □IND □COM □COTH □PTY □SCC | | Office space for telephone banking | 132.80 | 216.10 | |
| 9/20/04 | Century 21 Reality 9934 Mercy Road Suite 200 San Diego CA 92129 | □IND □COM MOTH □PTY □SCC | | Office space for telephone banking | 132.80 | 216.10 | |
| 9/1/04 | Regency Pacific 970 Fifth Avenue NW Issaquah WA | □IND □COM MOTH □PTY □SCC | | Office space for telephone banking | 1250.00 | 3750.00 | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- 1. Amount received this period nonmonetary contributions of \$100 or more. 3128.40 (Include all Schedule C subtotals.)\$ 0.00
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100\$
- 3. Total nonmonetary contributions received this period.

*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 Toll-Free Helpline: 866/ASK-FPPC

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

1269656

| DATE ECEIVED | 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) |
|-----------------|---|--------------------------------------|---|--|---------------------------------|--|--|
| 0/02/04 | San Diego Digestive Disease Consultants Inc 15525 Pomerado Rd Suite C-2 Poway CA 92064 | □IND □COM IND □PTY □SCC | | Postage for physician fund raiser letter | \$740.00 | \$740.00 | |
| 0/02/04 | Alan W Larson MD 15525 Pomerado Rd Suite C-2 Poway CA 92064 | □ SCC | Physician - SD Digestive Disease Consultants Inc | Postage for physician fund raiser letter | \$740.00 | \$740.00 | |
| | | ☐IND ☐COM ☐OTH ☐PTY ☐SCC | | | | | |
| | | □IND □COM □OTH □PTY □SCC | | | | | |
| ttach add | ditional information on appropriately la | heled continuat | ion sheets. | SUBTOTAL | \$ 1480.00 | | |

Schedule C Summary

- 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

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 | Type or print Amounts may b to whole d | e rounded | | Statemen from through | 10/01/04 10/16/04 | CALIFORNI FORM Page | SCHEDULE A 460 |
|--|--|--|-------------------|--|----------------------|--|-------------------|
| NAME OF FILER Citizens for Better Health Care - Yes on BB, A Coalition of | of Doctors, Nurse | s, Medical | Staff, Health Car | re & Treatment f | Professionals | 1269656 | |
| CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | the payment, you make member common meetings and office expense petition circular phone banks POL polling and sepos postage, del | ou may ente imunications d appearance ises lating s survey researd ivery and me | er the code. Oth | erwise, describe RAD radio ai RFD returne SAL campai TEL tv. or c TRC candida TRS staff/sp TSF transfel | | luction costs I meals and meals s of the same cal | - |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | | CODE | DR D | DESCRIPTION OF PAY | MENT | A | MOUNT PAID |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | • |
| * Payments that are contributions or independent expenditures m | nust also be summ | narized on S | chedule D. | | su | BTOTAL\$ | |
| Schedule F Summary | | | | | | | |

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

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

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

765,311.64

765,432.14

120.50

0.00

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

Commitee ID #1269656 Page 1 of 1

| Schedule E - Attachment Sheet | Statement covers period | | · | | |
|---|---|---------|--------------|------------|-------------|
| Payments Made | from 10/1/04 through 10/16/04 | | | | |
| | | | | <u> </u> | 1 |
| Name of Payee | Address of Payee | Code or | Description | of Payment | Amount Paid |
| USPS | 1157 W Mission Ave Escondido CA 92025 | POS | | | 5,000.00 |
| Direct Mail & Print | 251 N Vinewood Ste A Escondido CA 92029 | LIT | <u> </u> | | 1,290.19 |
| Action Media | 101 The Embarcadero #130 San Francisco CA 94105 | TEL | | | 175,000.00 |
| | 900 Doolittle Dr #1B San Leandro CA 94577 | LIT | <u> </u> | | 59,224.51 |
| Flying Colors USA Voter Information Guide | 13701 Riverside Dr Ste 604 Sherman Oaks CA 91423 | PRT | | | 1,900.00 |
| | PO Box 60017 Los Angeles CA 90060 | OFC | | | 469.44 |
| Cingular Wireless Gustavo Friederichsen | 225 E 2nd Ave #202 Escondido CA 92025 | CMP | | | 160.99 |
| | 900 Doolittle Dr #1B San Leandro CA 94577 | LIT | | | 27,977.23 |
| Flying Colors | 712 5th St Ste E Davis CA 95616 | PHO | | <u> </u> | 2,000.00 |
| PoliticalCalling.com | 1250 Addison St #101 Berkeley CA 94702 | LIT | 1 | <u> </u> | 2,208.00 |
| Neuwirth/Krayna Design Group | 4120 Martin Luther King Jr Way Oakland CA 94609 | LIT | | | 3,017.00 |
| Lithographic Reproductions Inc | 5454 Broadway Oakland CA 94618 | CNS | | | 10,000.00 |
| The Lew Edwards Group | 12225 El Camino Real San Diego CA 92130 | RFD | | , | 250,000.00 |
| Premier | PO Box 60017 Los Angeles CA 90060 | OFC | | | 526.04 |
| Cingular Wireless | 1055 S Escondido Blvd Escondido CA 92025 | OFC | | | 926.91 |
| Pax Business Systems | 1055 S Escondido Biva Escondido CA 92025 101 The Embarcadero #130 San Francisco CA 94105 | TEL | | | 175,000.00 |
| Action Media | | LIT | | <u> </u> | 18,914.17 |
| Flying Colors USA | 900 Doolittle Dr #1B San Leandro CA 94577 | OFC | - | | 121.14 |
| Capital Contractors | PO Box 3079 Huntington Station NY 11746 | PRT | | | 55.00 |
| Ramona Chamber of Commerce | 960 Main St Ramona CA 92065 | OFC | | ļ | |
| Office Depot | PO Box 70025 Santa Ana CA 92725-0025 | | 1 | | 156.04 |
| Sign Strategies | 927 Calle Negocio Ste L San Clemente CA 92673 | LIT | ļ | | 65.50 |
| Jennifer Rindahl | 225 E 2nd Ave #202 Escondido CA 92025 | SAL | | | 2,500.00 |
| Sandrea Everett | 225 E 2nd Ave #202 Escondido CA 92025 | SAL | <u> </u> | | 2,300.00 |
| Andy Hoang | 225 E 2nd Ave #202 Escondido CA 92025 | SAL | | | 2,250.00 |
| 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 |
| Leah Larson | 225 E 2nd Ave #202 Escondido CA 92025 | SAL | | | 1,750.00 |
| Elizabeth Curtis | 225 E 2nd Ave #202 Escondido CA 92025 | SAL | | | 119.95 |
| Rancho Bernardo Inn | 17550 Bernardo Oaks Dr San Diego CA 92128 | FND | | | 2,240.00 |
| Neuwirth/Krayna Design Group | 1250 Addison St #101 Berkeley CA 94702 | LIT | | | 3,853.00 |
| The Lew Edwards Group | 5454 Broadway Oakland CA 94618 | OFC | | | 2,307.03 |
| The Clinton Group | 1350 Connecticut Ave NW #1102 WA DC 20036 | PHO | | | 10,000.00 |
| | | | | | |
| | | | | SUBTOTAL | 765,432.14 |

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

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

CALIFORNIA Statement covers period **FORM** 10/01/04 from 10/16/04 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1269656

| CODES: If one of the following codes accurately describe 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 LT campaign literature and mailings | s the payment, you may MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads | ibutions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sal | utions res' salaries me and production costs , lodging, and meals vel, lodging, and meals n committees of the same candidate/sponsor | | | |
|--|---|---|---|--|--|--|
| 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 960 Canterbury Place Suite 300 Escondido CA 92025 | PRO | 4374.05 | 2131.04 | 0.00 | 6505.09 | |
| | | | | | | |
| | | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ 4374.05 | \$ 2131.04 | \$ 0.00 | \$ 6505.09 | |

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2131.04 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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 CALIFORNIA 10/01/04 **FORM** from 10/16/04 through I.D. NUMBER

| 1110701 | IOTIONIC | ALL | REVERSE |
|-------------|----------|-----|---------|
| | | | |

NAME OF FILER

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

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. radio airtime and production costs RAD MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries office expenses OFC contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating PET CVC civic donations

candidate travel, lodging, and meals PHO phone banks TRC candidate filing/ballot fees

TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration

professional services (legal, accounting) legal defense information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

^{*} 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) | | OR DESCRIPTION OF PAYMENT | AMOUNT PAID | |
|--|-----|---------------------------|-------------|--|
| Elizabeth Curtis 225 E 2nd Avenue #202 Escondido CA 92025 | OFC | | \$264.07 | |
| Andy Hoang 225 E 2nd Avenue #202 Escondido CA 92025 | OFC | | \$50.29 | |
| Leah Larson 225 E 2nd Avenue #202 Escondido CA 92025 | OFC | | \$2489.23 | |
| Jennifer Rindahl 225 E 2nd Avenue #202 Escondido CA 92025` | OFC | | \$573.97 | |
| Attach additional information on appropriately labeled continuation sheets. | | TOTAL* | \$ 3377.56 | |

Attach additional information on appropriately labeled continuation sheets.

^{*} 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.