

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

Date Stamp: RECEIVED Oct 22 8 50 AM '04 CALIFORNIA 2001/02 FORM 460 Page 1 of 12 For Official Use Only COUNTY OF SAN DIEGO REGISTER OF VOTERS

SEE INSTRUCTIONS ON REVERSE

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 (Explain below)
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
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 3416
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
NAME OF ASSISTANT TREASURER, IF ANY
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 10/20/01
Executed on
Executed on
Executed on

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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 12

**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 BB	JURISDICTION San Diego County	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*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>10/01/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/16/04</u>	
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1269656</u>

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 A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 529,450.00	\$ 1,240,650.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 529,450.00	\$ 1,240,650.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	3128.40	6128.30
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 532,578.40	\$ 1,246,778.30

**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	\$ _____	\$ _____

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ 765,432.14	\$ 1,018,216.81
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 765,432.14	\$ 1,018,216.81
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	2131.04	8997.19
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 770940.74	\$ 1,027,214.00

**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	\$ 453,454.15
13. Cash Receipts ..... Column A, Line 3 above	529,450.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	770,940.74
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 211,963.41

*If this is a termination statement, Line 16 must be zero.*

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).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 8997.19

\*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 <u>10/01/04</u>	<b>CALIFORNIA FORM 460</b>
through <u>10/16/04</u>	
Page <u>4</u> of <u>12</u>	

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

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				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ <u>529,400.00</u>
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ <u>50.00</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 \$ <u>529,450.00</u></b>

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

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

Committee ID #1269656

Schedule A - Attachment Sheet		Statement covers period			California Form 460		
Monetary Contributions Received		from 10/1/04 through 10/16/04			Page 1 of 2		
Date Received	Full Name of Contributor	Street Address	City, State, Zip	If an individual, Enter Occupation and Employer (If Self-employed, Enter Name of Business)	Contributor Code	Amount Received this Period	Cumulative to Date Calendar Year (Jan 1 - Dec 31)
10/01/04	Robert M. Deil	19 Tamal Vista Lane	Kentfield, CA 94904	Atty-Latham & Watkins LLP	IND	\$500.00	\$500.00
10/01/04	Susan Azad	1948 Ravista Lane	La Canada, CA 91011	Atty-Latham & Watkins LLP	IND	\$500.00	\$500.00
10/01/04	Peter Benzian	1037 Star Park Circle	Coronado, CA 92118	Atty-Latham & Watkins LLP	IND	\$250.00	\$250.00
10/01/04	Hugh Steven Wilson	830 J Avenue	Coronado, CA 92118	Atty-Latham & Watkins LLP	IND	\$100.00	\$100.00
10/01/04	Paul and Susan Demuro	3652 Clay St	San Francisco, CA 94118	Atty-Latham & Watkins LLP	IND	\$1,500.00	\$2,500.00
10/01/04	Elizabeth Renfree	7769 Eads Ave.	La Jolla, CA 92037		IND	\$500.00	\$500.00
10/01/04	Gerald & Tracy Bracht	2111 February Court	San Diego, C 92110		IND	\$500.00	\$500.00
10/06/04	Robert Crouch	26948 N Broadway	Escondido, CA 92026	Mountain Meadow Mushrooms	IND	\$1,000.00	\$1,000.00
10/07/04	Margaret Moir	828 S Broadway	Escondido CA 92025		IND	\$500.00	\$500.00
10/07/04	Francis Barber, Jr.	11720 Caminito Tamborrel	San Diego, CA 92131		IND	\$150.00	\$150.00
10/07/04	Richard Snyder	14652 Sunset Mountain Way	Poway, CA 92064		IND	\$250.00	\$250.00
10/07/04	Richard Haldeman	17626 Plaza Ascope	San Diego CA 92128		IND	\$250.00	\$250.00
10/07/04	Escondido Cardiology Assoc Inc	488 E Valley Pkwy #201	Escondido CA 92025		OTH	\$500.00	\$500.00
10/07/04	Robert Howard	600 W Broadway #1600	San Diego CA 92101		IND	\$200.00	\$200.00
10/07/04	Mark & Elizabeth Vienna	13188 Sundance Ave	San Diego CA 92129		IND	\$100.00	\$100.00
10/07/04	North County Trauma Associates	332 S Juniper St #216	Escondido CA 92025		OTH	\$20,000.00	\$20,000.00
10/08/04	Palomar Pomerado Health Foundation	PO Box 899	Escondido CA 92033		OTH	\$375,000.00	\$375,000.00
10/12/04	The Gallup Organization-Community Bidrs	18191 Von Karman Ave	Irvine CA 92612		OTH	\$1,000.00	\$1,000.00
10/12/04	SD Electrical Contractors	1660 Hotel Circle North #314	San Diego CA 92108	PAC ID#802088	COM	\$1,000.00	\$1,000.00
10/12/04	SD Electrical Contractors	1660 Hotel Circle North #314	San Diego CA 92108	PAC ID#802088	COM	\$1,500.00	\$1,500.00
10/15/04	Interspec Borgquist Rippy	12702 Via Cortina	Del Mar CA 92014		OTH	\$3,000.00	\$3,000.00
10/15/04	Anshen + Allen Los Angeles \$43,500	5055 Wilshire Blvd Ste 900	Los Angeles CA 90036	Intermediary & contributor	OTH	\$100,000.00	\$100,000.00
	Anshen + Allen San Francisco \$23,500	901 Market St	San Francisco, CA 94103		OTH		
	M-E Engineers Inc \$11,250	10113 Jefferson Blvd	Culver City CA 90232		OTH		
	KPFF Consulting Engineers \$13,000	6080 Center Drive #300	Los Angeles CA 90045		OTH		
	Kurt Salmon Associates \$ 5,000	950 Elm Ave #300	San Bruno CA 94066		OTH		
	Bechard & Associates \$ 3,750	10670 Treana St #208	San Diego CA 92131		OTH		
10/15/04	Consulting Solutions Inc	11629 Tinsford Road	San Diego CA 92131		OTH	\$5,000.00	\$5,000.00
10/15/04	Nancy Bassett	8999 Circle R View Ln	Escondido CA 92026	R.N. Palomar Medical Center	IND	\$50.00	\$50.00
10/15/04	Theodore Kleiter	1401-320 El Norte Pkwy	San Marcos, CA 92069	Retired	IND	\$100.00	\$100.00
10/15/04	Marcelo R Rivera MD Inc	1516 Main St Ste 104	Ramona CA 92065	M.D.	IND	\$500.00	\$500.00
10/15/04	Carlton R. and Eileen Appleby	16055 Old Gaujito Grade Rd	Escondido CA 92027-6204		IND	\$1,000.00	\$1,000.00
10/15/04	Johnson Gray Advertising, Inc.	5 Upper Newport Plaza	Newport Beach CA 92660		OTH	\$5,000.00	\$5,000.00

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

Committee ID #1269656  
California Form 460 Page 2 of 2

10/15/04	James W. and Marjorie C. Gauss	18 Willow Brook	Irvine CA 92604		IND	\$500.00	\$500.00
10/15/04	Pomeroado Hospital Auxiliary	15615 Pomeroado Road	Poway, CA 92064		OTH	\$2,000.00	\$2,000.00
10/15/04	Witt/Kieffer Ford Hadelman Lloyd	2105 Spring Rd, Suite 510	Oak Brook, IL 60523		OTH	\$2,000.00	\$2,000.00
10/15/04	Kurt Salmon Associates	1355 Peachtree St. N.E., Suite 900	Atlanta, GA 30309-3268		OTH	\$5,000.00	\$10,000.00
					SUBTOTAL	\$529,450.00	\$635,450.00

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>10/1/04</u> through <u>10/16/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
**1269656**

Citizens for Better Health Care - Yes on BB, A Coalition 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)
9/20/04	McMillan 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	132.80	216.10	
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	132.80	216.10	
9/20/04	Century 21 Realty 9934 Mercy Road Suite 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	132.80	216.10	
9/1/04	Regency Pacific 970 Fifth Avenue NW Issaquah WA	<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	1250.00	3750.00	

**SUBTOTAL \$ 1648.40**

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

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

**\*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>10/01/04</u> through <u>10/16/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>12</u>

\*\*\*\*\*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

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)
10/02/04	San Diego Digestive Disease Consultants Inc 15525 Pomerado Rd Suite C-2 Poway CA 92064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage for physician fund raiser letter	\$740.00	\$740.00	
10/02/04	Alan W Larson MD 15525 Pomerado Rd Suite C-2 Poway CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician - SD Digestive Disease Consultants Inc	Postage for physician fund raiser letter	\$740.00	\$740.00	
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1480.00**

**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.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/04	
through	10/16/04	Page <u>9</u> of <u>12</u>

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NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Coalition 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.

- |   |   |   |
|---|---|---|
| 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)           |

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 \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	765,311.64
2. Unitemized payments made this period of under \$100 .....	\$	120.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0.00
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>	<b>765,432.14</b>



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

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

Statement covers period from <u>10/01/04</u> through <u>10/16/04</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>12</u>

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NAME OF FILER

Citizens for Better Health Care - Yes on BB, A Coalition 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.

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)

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
Lounsbury 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**

- 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 \$ 2131.04**
- 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 \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 2131.04**  
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.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/04	
through	10/16/04	Page <u>12</u> of <u>12</u>

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

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			\$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**

\* 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.