

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

Date Stamp	CALIFORNIA 2001/02 FORM
RECEIVED 10 58 AM '05 COUNTY OF SAN DIEGO REGISTRAR OF VOTERS	
Page 1 of 14	For Official Use Only

Statement covers period
from 10/17/04
through 12/31/04

Date of election if applicable:
(Month, Day, Year) FEB 11/2/04

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
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
(Also Complete Part 6)
- Primary Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement: DEPUTY

- 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, Architects, Health Care & Treatment Professionals

STREET ADDRESS (NO P.O. BOX)
960 Canterbury Place Suite 300

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Escondido	CA	92025	760-743-1201

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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	STATE	ZIP CODE	AREA CODE/PHONE
Escondido	CA	92025	760-743-1201

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

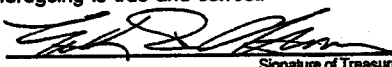
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 1-27-05
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
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.

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
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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
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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>10/17/04</u>	CALIFORNIA FORM 460
through <u>12/31/04</u>	
Page <u>3</u> of <u>14</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, Architects, Health Care & Treatment Prof

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 228,520.00	\$ 1,469,170.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 228,520.00	\$ 1,469,170.00
4. Nonmonetary Contributions Schedule C, Line 3	1,841.40	7,969.70
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 230,361.40	\$ 1,477,139.70

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	\$ 396,265.38	\$ 1,424,951.80
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 396,265.38	\$ 1,424,951.80
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	517.22	9,514.41
10. Nonmonetary Adjustment Schedule C, Line 3	1,841.40	7,969.70
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 403,559.68	\$ 1,442,435.90

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	\$ 211,963.41
13. Cash Receipts Column A, Line 3 above	228,520.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	401,201.06
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 39,282.35

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

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	\$ _____

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).

*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.

Statement covers period from <u>10/17/04</u> through <u>12/31/04</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Citizens for Better Health Care-Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Prof	I.D. NUMBER 1269656
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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>228,500.00</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ <u>20.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>228,520.00</u>

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

Schedule A - Attachment Sheet		Statement covers period			California Form 460		
Monetary Contributions Received		from 10/17/04 through 12/31/04			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)
10/21/04	MS McLaughlin	18608 Robleda Ct	San Diego CA 92128	Retired	IND	1,000.00	1,000.00
10/21/04	Albert Stehly	16323 Vesper Rd	Valley Center CA 92082	Stehly Grove Management	IND	250.00	250.00
10/21/04	Gustavo Friederichsen	8004 Avenida Secreto	Carlsbad CA 92009	Chief Marketing Officer - Pal/Pom Hosp		500.00	500.00
10/21/04	Peter Kuhn	1128 Lake Point Ct	Birmingham AL 35244	Owner, Medseek Inc	IND	100.00	100.00
10/21/04	Leon Covell CPA	345 W 9th Avenue #100	Escondido CA 92025		OTH	100.00	100.00
10/21/04	Electronic Printing Solutions LLC	4898 Ronson Ct Ste B	San Diego CA 92111		OTH	500.00	500.00
10/21/04	M D Berger	16626 Deer Ridge Rd	San Diego CA 92127		IND	1,500.00	1,500.00
10/21/04	RanRoy Printing Company	8989 Complex Drive	San Diego CA 92123		OTH	2,000.00	2,000.00
10/21/04	AMN Healthcare	12400 High Bluff Dr	San Diego CA 92130		OTH	10,000.00	10,000.00
10/21/04	American Healthways	3841 Green Hills Village Dr	Nashville TN 37215		OTH	1,000.00	1,000.00
10/21/04	Rehab Care Group Inc	7733 Forsyth Blvd #2300	St Louis MO 63105		OTH	10,000.00	10,000.00
10/21/04	Integrated Revenue Mgmt Inc	2714 Loker Ave W Ste 200	Carlsbad CA 92008		OTH	1,000.00	1,000.00
10/21/04	Vincent & Antionette Tester	8012 Avenida Secreto	Carlsbad CA 92009	Engineer, Qualcomm	IND	2,000.00	2,000.00
10/21/04	Professional Hospital Supply Inc	41980 Winchester Rd	Temecula CA 92590		OTH	25,000.00	25,000.00
10/21/04	Dynalectric	9505 Chesapeake Dr	San Diego CA 92123		OTH	2,500.00	2,500.00
10/21/04	Webb Consulting	1831 High Grove Dr	Escondido CA 92027-6204		OTH	250.00	250.00
10/21/04	Control Contractors Inc	6640 Lusk Blvd A-101	San Diego CA 92121		OTH	250.00	250.00
10/21/04	Western Fire Protection Inc	12232 Thatcher Ct	Poway, CA 92064		OTH	250.00	250.00
10/21/04	Jason L Hansen	3868 Riviera Dr #2A	San Diego CA 92109	Architect, Western Fire Protection	IND	250.00	250.00
10/21/04	MBN Group	1663 Pacific Rim Ct Ste B	San Diego CA 92154		OTH	250.00	250.00
10/21/04	Modular Building Concepts	12580 Stotler Ct	Poway, CA 92064		OTH	500.00	500.00
10/21/04	Rebecca & Frank Saunders	1167 Nacion Ave	Chula Vista CA 91911	Architect, Modular Building Concepts	IND	250.00	250.00
10/21/04	Rodríguez Park	6610 Nancy Ridge Dr Ste 200	San Diego CA 92121		OTH	250.00	250.00
10/21/04	John & Donna Boyce	411 Santa Marina Ct	Escondido CA 92029	Arch/Contractor Work Place Solutions	IND	250.00	250.00
10/21/04	Casper Company	3825 Bancroft Dr	Spring Valley CA 91977		OTH	600.00	600.00
10/21/04	Dean H McCoy dba McCoy Property Svcs	4444 W Point Loma Blvd #105	San Diego CA 92107		OTH	750.00	750.00
10/21/04	GSSI Engineers	2445 Fifth Ave Ste 300	San Diego CA 92101		OTH	250.00	250.00
10/21/04	Tomarco Contractor Specialties Inc	9219 Mira Este Court	San Diego CA 92126		OTH	500.00	500.00
10/21/04	Donald Henke Architect	13117 Quate Ct Ste A	Poway CA 92064		OTH	250.00	250.00
10/21/04	Tony Qui-Thanh Ngo	12276 Keld Ct	San Diego CA 92129	Architect, Donald Henke Architect	IND	250.00	250.00
10/21/04	Gerald & Melanie Shonkwiler	11177 Via Temprano	San Diego Ca 92124	Architect, Donald Henke Architect	IND	250.00	250.00
10/21/04	Filefax	17140 Bernardo Center Dr #190	San Diego CA 92128		OTH	500.00	500.00
10/21/04	Fredric Watkins	5310 Bragg St	San Diego CA 92122	Employee - Filefax	IND	250.00	250.00

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

Committee ID #1269656

Statement covers period
from 10/17/04 through 12/31/04

California Form 460

Page 2 of 2

10/26/04	TMAD Engineers	9980 Carroll Canyon Rd #150	San Diego CA 92131		OTH	500.00	500.00
10/26/04	Richard Miller	11365 Forestview Lane	San Diego CA 92131	Engineer	IND	100.00	100.00
10/26/04	Richard Nudo	7149 Arroyo Grande Rd	San Diego CA 92129	Engineer	IND	100.00	100.00
10/26/04	California Sheet Metal Works Inc	6711 Nancy Ridge Dr	San Diego CA 92121		OTH	250.00	250.00
10/28/04	George Gigliotti	17747 Bellechase Cir	San Diego CA 92128	Auditor, Pal/Pom Hospital	IND	100.00	100.00
10/28/04	Mark Baron	7895 Convoy Ct Ste 18	San Diego CA 92111	Engineer	IND	250.00	250.00
10/28/04	University Mechanical & Engineering Cont.	1168 Fesler St	El Cajon CA 92020		OTH	500.00	500.00
10/28/04	AO Reed & Co	4777 Ruffner St PO Box 85226	San Diego CA 92186		OTH	250.00	250.00
10/28/04	Ctania Hijar Corp	9085 Aero Dr	San Diego CA 92123		OTH	1,000.00	1,000.00
10/28/04	Robert T Reichman MD	488 E Valley Pkwy #211	Escondido CA 92025		OTH	1,000.00	1,000.00
10/28/04	Rudolph & Stetten	PO Box 4637	Foster City CA 94404		OTH	50,000.00	50,000.00
10/28/04	Grubb & Ellis/BRE Commercial	4380 La Jolla Village Dr #200	San Diego CA 92122		OTH	50,000.00	50,000.00
10/29/04	David W Cloyd MD	488 E Valley Pkwy #311	Escondido CA 92025		OTH	2,000.00	2,000.00
10/29/04	Rural/Metro Corp	8401 E Indian School Rd	Scottsdale AZ 85251		OTH	2,500.00	2,500.00
10/29/04	Angelica	424 S Woods Mill Rd	Chesterfield MO 63017		OTH	5,000.00	5,000.00
11/01/04	Leary Childs Mascari Warner	9845 Erma Rd Ste 205	San Diego CA 92131		OTH	1,000.00	1,000.00
11/01/04	Bergelectric Corp	650 Opper St	Escondido CA 92029		OTH	500.00	500.00
11/01/04	Pacific Medical Buildings LP	12348 High Bluff Dr #210	San Diego CA 92130		OTH	2,000.00	2,000.00
11/01/04	Roger Wells	1892 Matin Cir #173	San Marcos, CA 92069		IND	250.00	250.00
11/01/04	Todd Gutschow	14435 Harvest Ct	Poway CA 92064		IND	500.00	500.00
11/02/04	Pala Band of Mission Indians	PO Box 50	Pala CA 92059		OTH	20,000.00	20,000.00
11/02/04	American Technologies Inc	210 Baywood Ave	Orange CA 92865		OTH	150.00	150.00
11/02/04	Geotek, Inc	6835 S Escondido St Ste A	Las Vegas NV 89119		OTH	250.00	250.00
11/17/04	Louise V. Favre	1255 N Broadway #148	Escondido CA 92026	Retired	IND	20.00	20.00
11/17/04	GKK Corp	20411 SW Birch St #300	Newport Beach CA 92660		OTH	750.00	750.00
11/17/04	GKK Corp	20411 SW Birch St #300	Newport Beach CA 92660		OTH	1,000.00	1,000.00
11/17/04	Citigroup Business Services	3800 Citigroup Center Dr G-3-4	Tampa, FL 33610		OTH	25,000.00	25,000.00
						228,520.00	

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>10/17/04</u> through <u>12/31/04</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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	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	141.60	357.70	
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	141.60	357.70	
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	141.60	357.70	
9/1/04	Regency Pacific 970 Fifth Ave 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	1416.60	5166.60	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1841.40

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$	1841.40
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. 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 \$	1841.40

*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		SCHEDULE E	
from	10/17/04	CALIFORNIA FORM 460	
through	12/31/04	Page 8 of 14	
NAME OF FILER			I.D. NUMBER
Citizens for Better Health Care-Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Prof			1269656

SEE INSTRUCTIONS ON REVERSE

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 | PRP 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.)	\$ 396,051.55
2. Unitemized payments made this period of under \$100	\$ 213.83
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.)	TOTAL \$ 396,265.38

Schedule E - Attachment Sheet	Statement covers period			
Payments Made	from 10/17/04 through 12/31/04			
Name of Payee	Address of Payee	Code or	Description of Payment	Amount Paid
Bagatelos Law Firm	380 W Portal Ave Ste F San Francisco CA 94127	PRO		80.00
Neuwirth/Krayna Design Group	1250 Addison St #101 Berkeley CA 94702	LIT		1,800.00
Fairbank Maslin Maullin & Assoc	2425 Colorado Ave #180 Santa Monica CA 90404	CNS		5,000.00
Ramona Sentinel	PO Box 367 Ramona CA 92065	PRT		500.00
Political Data Inc.	PO Box 1706 Burbank CA 91507	LIT		1,324.01
Action Media	101 The Embarcadero #130 San Francisco CA 94105	TEL		50,000.00
Flying Colors USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		67,541.24
Direct Mail & Print	251 N Vinewood Ste A Escondido CA 92029	LIT		1,566.06
SBC	370 Third St Rm 411 San Francisco CA 94107	OFC		1,061.66
Planet Apparel Corp	4561 Mission Gorge Pl #G San Diego CA 92120	CMP		549.53
Direct Mail & Print	251 N Vinewood Ste A Escondido CA 92029	LIT		3,497.67
Neuwirth/Krayna Design Group	1250 Addison St #101 Berkeley CA 94702	LIT		7,487.99
Flying Colors USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		38,011.68
Fairbank Maslin Maullin & Assoc	2425 Colorado Ave #180 Santa Monica CA 90404	CNS		2,500.00
Johnson Gray Advertising Inc	5 Upper Newport Plaza Newport Beach CA 92660	PRT		34,553.43
Johnson Gray Advertising Inc	5 Upper Newport Plaza Newport Beach CA 92660	PRT		14,718.14
Johnson Gray Advertising Inc	5 Upper Newport Plaza Newport Beach CA 92660	RAD		19,978.00
USPS	1157 W Mission Ave Escondido CA 92025	POS		1,206.00
The Paper	1733 Via de la Cuesta Escondido CA 92027	PRT		775.00
The Lew Edwards Group	5454 Broadway Oakland CA 94618	CNS		1,691.57
Bagatelos Law Firm	380 W Portal Ave Ste F San Francisco CA 94127	PRO		1,280.00
Rancho Bernardo Inn	17550 Bernardo Oaks Dr San Diego CA 92128	FND		8,799.96
Brandon T Clegg	1295 Quill Glen Escondido CA 92029	WEB		649.99
California Center for the Arts	340 N Escondido Blvd Escondido CA 92025	FND		3,464.81
Flying Colors USA	900 Doolittle Dr #1B San Leandro CA 94577	LIT		7,464.90
Action Media	101 The Embarcadero #130 San Francisco CA 94105	TEL		370.00
Atomic Productions	1965 Adams Ave San Leandro CA 94577	WEB		14,375.00
Political Data Inc.	PO Box 1706 Burbank CA 91507	LIT		4,210.91
Lounsbery Ferguson Altona & Peak	960 Canterbury Place #300 Escondido CA 92025	PRO		4,380.42
Rikki Hawkins	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,000.00
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		2,300.00
Elizabeth Curtis	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,100.00
Andy Hoang	225 E 2nd Ave #202 Escondido CA 92025	SAL		2,200.00
Leah Larson	225 E 2nd Ave #202 Escondido CA 92025	SAL		1,750.00

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

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

Statement covers period from <u>10/17/04</u> through <u>12/31/04</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>14</u>
NAME OF FILER Citizens for Better Health Care-Yes on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Prof	
I.D. NUMBER 1269656	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
LT 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
Lounsbery Ferguson Altona & Peak LLP 960 Canterbury Place Suite 300 Escondido CA 92025	PRO	6,505.09	4,897.64	4,380.42	7,022.31

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

SUBTOTALS \$	6,505.09	\$	4,897.64	\$	4,380.42	\$	7,022.31
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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 \$** 4,897.64
- 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 \$** 4,380.42
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 517.22
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		CALIFORNIA FORM 460
from	10/17/04	
through	12/31/04	Page <u>12</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yess on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Pro

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 | PHD 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
Andy Hoang 225 E 2nd Ave #202 Escondido CA 92025	OFC		194.59
Rikki Hawkins 225 E 2nd Ave #202 Escondido CA 92025	OFC		264.53
Jennifer Rindahl 225 E 2nd Ave #202 Escondido CA 92025	OFC		192.15
Rikki Hawkins 225 E 2nd Ave #202 Escondido CA 92025	OFC		307.82

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 4,935.68

* 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 10/17/04
through 12/31/04

SCHEDULE G
CALIFORNIA FORM 460

Page 13 of 14

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yess on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Pro

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 Ave #202 Escondido CA 92025	OFC		115.20
Leah Larson 225 E 2nd Ave #202 Escondido CA 92025	OFC		2,891.92
Elizabeth Curtis 225 E 2nd Ave #202 Escondido CA 92025	OFC		74.93
Sandrea Everett 225 E 2nd Ave #202 Escondido CA 92025	OFC		535.56

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 10/17/04
 through 12/31/04

CONTINUATION SHEET FOR SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Better Health Care - Yess on BB, A Coalition of Doctors, Nurses, Medical Staff, Architects, Health Care & Treatment Pro

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 |
| 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) | 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
Rikki Hawkins 225 E 2nd Ave #202 Escondido CA 92025	OFC		267.14
Leah Larson 225 E 2nd Ave #202 Escondido CA 92025	OFC		91.84

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.