

THIS MULTICOPIED AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

PALOMAR POMERADO HEALTH
 A California Health Care District
 15235 Innovation Drive, Suite 303
 San Diego, CA 92138

Bank of America
 San Diego Commercial Building #1400
 450 B Street
 San Diego, CA 92101
 604-1820211

Check No. 26077

Check Date
 10/18/2004

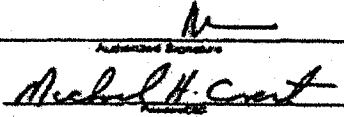
Valid After 90 Days

PAY Four Thousand Five Hundred Five Hundred Thirty Six And 64/100 Dollars

\$405,536.64

TO THE ORDER OF
 PALOMAR POMERADO HEALTH
 FOUNDATION
 PO BOX 698
 ESCONDIDO CA 920330699

12823

Authorized Signature


⑆00026077⑆ ⑆121141822⑆ 73132⑆03593⑆

⑆0040553664⑆

10252004
 121806274 MM
 EXT=1744 TRC=1744 PK=11
 0318892218

11/25/04

1260110365

UNION BANK
 MTRY PK 91755
 102104 37375624

122080496<

750-38

175969

X Pay to the order of
 Merrill Lynch 288-04150
 Palomar Pomarado
 Health Foundation

FOR DEPOSIT ONLY
 BANK OF AMERICA
 M/P & S SAN DIEGO #288
 ASSENT ENDORSEMENT GUARANTEE
 0700410943

DO NOT WRITE IN THESE SPACES
 (Signature) Date Endorsement

Location	Acct #	Check #	Amount	Issue Date	Paid Date	Sequence
CD	7313203593	26077	\$405,536.64		10/25/2004	1260110365
Customer Data	Bank #	GL Category	CD VolID/CIMS Key	CD Label		
	0	000000000000	20041101013801	20041101013801		

Process Control

PALOMAR POMERADO HEALTH FOUNDATION

To: Palomar Pomerado Health

11/24/2004
002195

CHEQUE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
	11/24/2004	Refund			
		Totals:	\$375,000.00 \$375,000.00	\$0.00 \$0.00	\$375,000.00 \$375,000.00

A1-005680
12/10/04
DEPOSIT TO CENTRAL OFFICE - REGATES AND REFUNDS.
J.E. DECEMBER -
101000 569050 375,000 -
101000 106901 <375,000 = >

THIS DOCUMENT MUST HAVE A COLORED BACKGROUND, ULTRAVIOLET FIBERS AND AN ARTIFICIAL WATERMARK ON THE BACK - VERIFY FOR AUTHENTICITY



A1-005680
PALOMAR POMERADO HEALTH FOUNDATION
P.O. BOX 899
ESCONDIDO, CA 92033

BANK ONE BANK ONE, COLUMBUS, N.A.
Columbus, Ohio 43271
25-80/440

002195

CHECK DATE	CHECK NO.
11/24/2004	2195

CHECK AMOUNT
\$**375,000.00

Three hundred seventy five thousand and 00/100 Dollars

Palomar Pomerado Health
15255 Innovation Drive
San Diego, CA 92128

VOID AFTER 90 DAYS
TWO SIGNATURES REQUIRED FOR AMOUNTS OF \$5,000.00 OR MORE

[Signature]
[Signature]
AUTHORIZED SIGNATURES

⑈002195⑈ ⑆044000804⑆ 041112763330⑈

PALOMAR POMERADO HEALTH
MS Add-Ins Journal Entry Format

JV NUMBER: 166
PERIOD ENDING DATE: 2004/10/31
DESCRIPTION: Reverse Citizens for Better Health Care
SOURCE: RPW
AUTO REVERSE:

CO	YR	PD	SYSTYP	JE#	FC	DESCRIPTION	CO	ACCTG UNIT	ACCT #	AMOUNT
1000	2005	4	GL N	166	A		1000	101000	106901	375,000.00
1000	2005	4	GL N	166	A		1000	106631	690000	-375,000.00

Results from GL40.1
Add Complete - Continue
Add Complete - Continue

0.00

PREPARED BY: _____
APPROVED BY: _____

DATE: _____

POSTED
NOV 11 2004
P. MSEL
2:55 PM

COPY

PALOMAR POMERADO HEALTH
MS Add-ins Journal Entry Format

JV NUMBER:
PERIOD ENDING DATE: 2004/10/31
DESCRIPTION: Reverse Citizens for Better Health Care
SOURCE: RPW
AUTO REVERSE:

CO	YR	PD	SYSTYP	JE#	FC	DESCRIPTION	CO	ACCTG UNIT	ACCT #	AMOUNT
1000	2005	4	GL N		A	Due from Foundation	1000	101000	106901	375,000.00
1000	2005	4	GL N		A	Other Direct Expense	1000	108631	690000	-375,000.00
To reverse a donation that the Foundation made to Citizens for Better Health Care.										

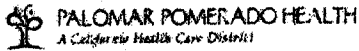
0.00

PREPARED BY: RICH WAYNE
APPROVED BY: [Signature]

DATE: 11/11/04
DATE: 11/11/04

No. 26077

Check Date: 10/18/2004



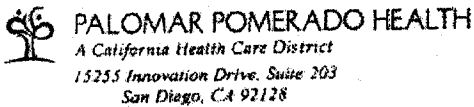
PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 10/13/04	10/13/04	\$405,536.64	\$0.00	\$405,536.64
		Totals		
		\$405,536.64	\$0.00	\$405,536.64

Please call
 when check
 is ready
 X2787
 Debbie
 TEMP

Detach at Perforation Before Depositing Check



Bank of America
 San Diego Commercial Building #1450
 450 "B" Street
 San Diego, CA 92101
 604-4182/1211

Check No. 26077

Check Date
 10/18/2004

Void After 90 Days

PAY VOID VOID VOID VOID VOID VOID VOID VOID

\$405,536.64

TO THE
 ORDER
 OF
 PALOMAR POMERADO HEALTH
 FOUNDATION
 PO BOX 699
 ESCONDIDO CA 920330699

12525

NON-NEGOTIABLE

12525
PALOMAR-POMERADO HEALTH SYSTEM

No 011924


- Indicate Appropriate Facility Account
- DISTRICT (1)
 - PALOMAR (2)
 - PALOMAR CONTINUING CARE (2)
 - POMERADO (3)
 - VILLA POMERADO (3)

ACCOUNTS PAYABLE CHECK REQUEST
 PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING
 ATTACH PERTINENT DOCUMENTATION.

- Indicate Appropriate Facility Account
- CLINIC (6)
 - SAN MARCOS AMBULATORY (7)
 - MANAGEMENT SERVICE ORG. (8)

OCT 14 2004

CHECK PAYABLE TO: (INCLUDE ADDRESS)

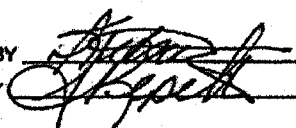
 PO Box 699
 Escondido, CA 92033-0699

ACCOUNTS PAYABLE
 REQUEST DATE 10/13/04
 DUE DATE 10/19/04
 CHECK AMOUNT _____

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	Q.L. Acct/Cost Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 1,268.39</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 402,509.94</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 1,758.31</u>
<u>101000</u>	<u>1069.01</u>	<u>\$ _____</u>
TOTAL		\$ <u>405,536.64</u>

PAYMENT REQUESTED BY _____
 PAYMENT APPROVED BY 
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT

AUDITED _____

PAL 8511-0644 (Rev. 5/98) P&T

WHITE - Accounting

CANARY - Dept. Head

POM 8511-1251 (Rev. 5/98) P&T

POSTED

OCT 15 2004