

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
2001/02  
FORM **460**

Date Stamp

Statement covers period

from 09/25/2016

through 10/22/2016

Date of election if applicable:  
(Month, Day, Year)

11/08/2016

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For Official Use Only

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  
☒ Primary Formed  
☐ Controlled  
☒ Sponsored  
(Also Complete Part 6.)
- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election 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  
1379198

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors  
patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-7757

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

(916) 442-7759 / fppc@bmhlaw.com

## Treasurer(s)

NAME OF TREASURER

Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

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 10/26/2016 By Thomas W. Hiltachk  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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## 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 to 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

Proposition 61

BALLOT NO. OR LETTER

JURISDICTION

Statewide

☐ SUPPORT

☒ OPPOSE

**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

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

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 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b> Page 3 of 117
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$22,265,232.00	\$69,598,232.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$22,265,232.00	\$69,598,232.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$65,643.10	\$378,763.09
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$22,330,875.10	\$69,976,995.09

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$41,746,633.66	\$87,547,302.62
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$41,746,633.66	\$87,547,302.62
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$14,730,865.62	\$17,623,821.33
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$65,643.10	\$378,763.09
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$56,543,142.38	\$105,549,887.04

## 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

Current Cash Statement		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	<u>\$39,954,241.66</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>\$22,265,232.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>\$2,595.86</u>
15. Cash Payments .....	Column A, Line 8 above	<u>\$41,746,633.66</u>
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$20,475,435.86</u>
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. <b>LOAN GUARANTEES RECEIVED</b> .....	Schedule B, Part 2	<u>\$0.00</u>

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

## 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	\$17,623,821.33

\*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		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 4 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
9/30/2016	Bayer Corporation Whippany, NJ 07981 Committee ID: 1225482	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$271,000.00	\$1,346,000.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	AbbVie Inc. Chicago, IL 60064 Committee ID: 1357236	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,656,873.00	\$2,594,873.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Alkermes Waltham, MA 02451 Committee ID: 1380749	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24,117.00	\$65,117.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$22,265,232.00

2. Amount received this period - unitemized contributions of less than \$100 ..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$22,265,232.00

\*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 A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Allergan USA, Inc. Parsippany, NJ 07054 Committee ID: 1382382	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,261,332.00	\$4,999,332.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Amgen Inc. Thousand Oaks, CA 91320 Committee ID: 494059	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,018,768.00	\$3,370,768.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	10/22/2016	Page 6 of 117

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10/19/2016	Astellas Pharma US, Inc. Northbrook, IL 60062 Committee ID: 1282794	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$394,681.00	\$1,740,681.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	AstraZeneca Pharmaceuticals LP Wilmington, DE 19850 Committee ID: 1243199	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,157,535.00	\$1,815,535.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Biogen Cambridge, MA 02142 Committee ID: 1319356	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$965,390.00	\$4,423,390.00	
<b>SUBTOTAL</b>						

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IND - Individual  
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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Boehringer Ingelheim Pharmaceuticals, Inc. Ridgefield, CT 06877 Committee ID: 1276509	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$652,690.00	\$923,690.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Bristol-Myers Squibb Company New York, NY 10154 Committee ID: 484340	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$989,630.00	\$1,647,630.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
10/19/2016	Daiichi Sankyo, Inc. Parsippany, NJ 07054 Committee ID: 1257908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$168,952.00	\$654,952.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Eisai Inc. Woodcliff Lake, NJ 07677 Committee ID: 1319963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$120,563.00	\$606,563.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Eli Lilly and Company Indianapolis, IN 46285 Committee ID: 497421	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$978,094.00	\$1,636,094.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.	I.D. Number 1379198
---	------------------------

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	EMD Serono, Inc. Rockland, MA 02370 Committee ID: 1315635	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$181,610.00	\$292,610.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	GlaxoSmithKline Research Triangle Pa, NC 27709 Committee ID: 486148	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$990,527.00	\$4,528,527.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
10/19/2016	Horizon Pharma PLC Lake Forest, IL 60045 Committee ID: 1388227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90,906.00	\$131,906.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Johnson & Johnson New Brunswick, NJ 08933 Committee ID: 484275	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,089,646.00	\$3,441,646.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Lundbeck LLC Deerfield, IL 60015 Committee ID: 1384636	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$108,190.00	\$149,190.00	
<b>SUBTOTAL</b>						

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 11 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.	I.D. Number 1379198
---	------------------------

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Mallinckrodt Pharmaceuticals St. Louis, MO 63042 Committee ID: 1380826	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$195,581.00	\$306,581.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Merck & Co., Inc. Kenilworth, NJ 07033 Committee ID: 486161	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,208,395.00	\$9,420,395.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 12 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
10/19/2016	Novartis Pharmaceuticals Corporation New York, NY 10169 Committee ID: 499466	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,190,302.00	\$1,848,302.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Orexigen Therapeutics, Inc. La Jolla, CA 92037 Committee ID: 1391851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24,117.00	\$65,117.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Otsuka America, Inc. (OAI) Rockville, MD 20850 Committee ID: 1381602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$205,955.00	\$316,955.00	

**SUBTOTAL**

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Pfizer, Inc. New York, NY 10017 Committee ID: 486219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,208,395.00	\$3,560,395.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Purdue Pharma L.P. Stamford, CT 06901 Committee ID: 1328792	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$210,057.00	\$481,057.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>						

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
through 10/22/2016		Page 14 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
10/19/2016	Sanofi-Aventis U.S. LLC Bridgewater, NJ 08807 Committee ID: 1278441	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,517,945.00	\$6,605,945.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Sunovion Pharmaceuticals Inc. Marlborough, MA 01752 Committee ID: 1340048	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$65,358.00	\$156,358.00	
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/19/2016	Takeda Pharmaceuticals U.S.A., Inc. Deerfield, IL 60015 Committee ID: 1285881	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$318,623.00	\$1,664,623.00	
<b>SUBTOTAL</b>						

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 15 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

DATE RECEIVED	FULL NAME, MAILING 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)
	***INTERMEDIARY*** Pharmaceutical Research and Manufacturers of America Washington, DC 20004	<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** \$22,265,232.00

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

# Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER

1379198

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*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 B - Part 2

## Loan Guarantors

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

SCHEDULE B - PART 2

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b>
	Page 17 of 117
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. Number  
1379198

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)
9/30/2016	Pharmaceutical Research and Manufacturers of America Washington, DC 20004  Committee ID: 1255706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Services for the period 09/01/2016 to 09/30/2016 and Professional Services	\$65,643.10	\$378,763.09	
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$65,643.10

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

\$65,643.10

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**

\$65,643.10

### \*Contributor Codes

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

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	09/25/2016		
through	10/22/2016	Page 19 of 117	
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198	

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period from 09/25/2016 through 10/22/2016	<b>CALIFORNIA FORM 460</b> Page 20 of 117 I.D. NUMBER 1379198
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

**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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
1750 Productions Valley Glen, CA 91401	TEL			\$50,637.15
1750 Productions Valley Glen, CA 91401	TEL			\$44,813.62
Amplified Strategies Seattle, WA 98112		LIT, POS		\$1,750,942.00

\* 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.) .....	\$41,746,633.66
2. Unitemized payments made this period of under \$100. ....	\$0.00
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> \$41,746,633.66

# Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>  Page 21 of 117
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

**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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
New Partners Consulting, Inc. Washington, DC 20005	CNS			\$24,000.00
New Partners Consulting, Inc. Washington, DC 20005	CNS			\$18,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$32,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		MTG, OFC, TRS		\$5,428.59
Winner & Mandabach Campaigns Santa Monica, CA 90401	OFC			\$785.69

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
through 10/22/2016		Page 22 of 117
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Landslide Communications, Inc. Laguna Niguel, CA 92677	LIT			\$58,500.00
Amplified Strategies Seattle, WA 98112		LIT, POS		\$1,620,300.00
Targeted Communications Long Beach, CA 90802	CNS			\$20,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		POL, TRS		\$82,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		POL, TRS		\$142,500.00

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through 10/22/2016		Page 23 of 117
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

SEE INSTRUCTIONS ON REVERSE

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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
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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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$40,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$55,000.00
CHC Associates Sacramento, CA 95814	CNS			\$10,000.00
David Mixner New York, NY 10036	MTG			\$113.85
David Mixner New York, NY 10036	CNS			\$10,500.00

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>  Page 24 of 117
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Educate Your Vote - A Project of the Coalition for Literacy Carlsbad, CA 92009	LIT			\$12,500.00
Committee ID: 1345655 KMA Consulting Folsom, CA 95630	CNS			\$15,000.00
Nik Bonovich Berkeley, CA 94702		LIT, OFC, TRS		\$1,589.78
Willie L. Pelote, Sr. Sacramento, CA 95864	CNS			\$12,500.00
Pete Conaty & Associates Sacramento, CA 95814		LIT, MTG, TRS		\$2,301.88

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>  Page <u>25</u> of <u>117</u>
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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pete Conaty & Associates Sacramento, CA 95814	CNS			\$10,000.00
Voter Guide Slate Cards Long Beach, CA 90808	LIT			\$30,000.00
Committee ID: 1319578 Voter Newsletter: A Project of the Coalition for California Sherman Oaks, CA 91403	LIT			\$17,500.00
Committee ID: 1355767 Amplified Strategies Seattle, WA 98112		LIT, POS		\$1,246,441.00
The Production House Long Beach, CA 90814	TEL			\$16,656.36

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Target Enterprises Sherman Oaks, CA 91403			PRT, TEL, WEB	\$16,000,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$29,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$44,400.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$62,500.00
AC Public Affairs, Inc. Sacramento, CA 95814	CNS			\$10,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
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NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Majority Group, LLC Sacramento, CA 95814	CNS			\$10,000.00
Gorospe Solutions LLC Sacramento, CA 95833		CNS, TRS		\$1,982.50
The Harvey Milk LGBT Democratic Club Voter Guide San Rafael, CA 94901	LIT			\$5,000.00
Committee ID: 1383194 Henry Sotelo Montclair, CA 91763	TRS			\$414.00
Henry Sotelo Montclair, CA 91763	CNS			\$3,500.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mecoy Communications Manhattan Beach, CA 90266	CNS			\$12,500.00
Pacific States Associates Sacramento, CA 95814	CNS			\$10,000.00
Stabins Design Manhattan Beach, CA 90266	LIT			\$120.00
The Clarke Company Tumwater, WA 98501	PRO			\$6,500.00
Trixy Riggan Sacramento, CA 95820	CMP			\$750.00

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# Schedule E (Continuation Sheet) Payments Made

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through 10/22/2016		Page 29 of 117
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Budget Watchdogs Newsletter Torrance, CA 90501	LIT			\$54,000.00
Committee ID: 1345115 California Voter Guide Torrance, CA 90501	LIT			\$30,000.00
Committee ID: 595004 California Senior Advocates League Voter Guide Torrance, CA 90501	LIT			\$18,000.00
Committee ID: 1368249 Educate Your Vote - A Project of the Coalition for Literacy Carlsbad, CA 92009	LIT			\$10,000.00
Committee ID: 1345655 Election Digest - A Project of the Coalition for Literacy Torrance, CA 90501	LIT			\$42,000.00
Committee ID: 1345303				

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
through 10/22/2016		Page 30 of 117
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ventura County Republican Party Camarillo, CA 93010	LIT		\$10,000.00
Committee ID: 742080 Voter Guide Slate Cards Long Beach, CA 90808	LIT		\$24,000.00
Committee ID: 1319578 Voter Newsletter: A Project of the Coalition for California Sherman Oaks, CA 91403	LIT		\$14,000.00
Committee ID: 1355767 The Production House Long Beach, CA 90814	TEL		\$127,059.00
1750 Productions Valley Glen, CA 91401	TEL		\$53,199.97

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
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NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL		\$30,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL		\$17,900.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL		\$50,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL		\$50,000.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL		\$119,000.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
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NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Winner & Mandabach Campaigns Santa Monica, CA 90401	CNS			\$111,913.38
Trilogy Interactive LLC Mountain View, CA 94040	WEB			\$20,158.39
Print Project Managers & Graphic Design, Inc. Rancho Cordova, CA 95742	LIT			\$1,226.05
PORAC Official Law Enforcement Voter Guide Sacramento, CA 95834	LIT			\$36,000.00
Committee ID: 594017 Willie L. Pelote, Sr. Sacramento, CA 95864	CNS			\$6,250.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>  Page <u>33</u> of <u>117</u>
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NAME OF FILER

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nik Bonovich Berkeley, CA 94702			LIT, OFC, TRS	\$2,560.62
Nik Bonovich Berkeley, CA 94702			OFC, TRS	\$426.98
Los Angeles County Community Democrat Los Angeles, CA 90036	LIT			\$25,000.00
Committee ID: 598046 Forward Observer Inc. Sacramento, CA 95811			CNS, OFC	\$15,150.00
Democratic Voters Choice Covina, CA 91722	LIT			\$61,942.23
Committee ID: 595002				

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citizens for Good Government Covina, CA 91722	LIT			\$36,062.01
Committee ID: 599010 Californians for Quality Education Covina, CA 91722	LIT			\$17,844.14
Committee ID: 1371954 Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		LIT, OFC, POS, PRT, TRS		\$5,596.95
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		MTG, OFC, TRS		\$10,160.22
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814		MTG, TRS		\$2,411.29

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>		<b>CALIFORNIA FORM 460</b>  Page <u>35</u> of <u>117</u>
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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814			CNS, OFC, PRT, TRS	\$69,578.47
Target Enterprises Sherman Oaks, CA 91403			PRT, TEL, WEB	\$13,607,500.00
Nik Bonovich Berkeley, CA 94702	CNS			\$10,000.00
Amplified Strategies Seattle, WA 98112			LIT, POS	\$2,199,764.00
Amplified Strategies Seattle, WA 98112			LIT, POS	\$2,100,138.00

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 09/25/2016 through 10/22/2016		<b>CALIFORNIA FORM 460</b>  Page 36 of 117
I.D. NUMBER 1379198		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

**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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amplified Strategies Seattle, WA 98112	PHO			\$200,000.00
The Production House Long Beach, CA 90814	TEL			\$2,939.00
The Production House Long Beach, CA 90814		LIT, POS		\$712,617.01
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$80,750.00
Winner & Mandabach Campaigns Santa Monica, CA 90401		OFC, TRS		\$3,819.25

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
through 10/22/2016		Page 37 of 117
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

SEE INSTRUCTIONS ON REVERSE

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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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
1750 Productions Valley Glen, CA 91401	TEL		\$84,078.56
African American Voter Registration, Education and Participation Project Los Angeles, CA 90016	LIT		\$15,000.00
Committee ID: 1226812 Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814		PRO, TRS	\$26,866.51
California Republican Taxpayers Association Seaside, CA 93955	LIT		\$30,000.00
Committee ID: 1286135 Cerrell Associates, Inc. Los Angeles, CA 90004	TRS		\$33.27

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

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 09/25/2016		
through 10/22/2016		Page 38 of 117
NAME OF FILER No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.		I.D. NUMBER 1379198

SEE INSTRUCTIONS ON REVERSE

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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
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cerrell Associates, Inc. Los Angeles, CA 90004			CNS, TRS	\$15,011.94
KMA Consulting Folsom, CA 95630	CNS			\$15,000.00
Meridian Strategies, LLC Santa Monica, CA 90403	CNS			\$15,000.00
Meridian Strategies, LLC Santa Monica, CA 90403	CNS			\$30,000.00

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

**SUBTOTAL** \$41,746,633.66

# Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

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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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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
Gorospo Solutions LLC Sacramento, CA 95833	CNS, TRS	\$1,982.50	\$0.00	\$1,982.50	\$0.00
David Mixner New York, NY 10036	MTG	\$113.85	\$0.00	\$113.85	\$0.00
1750 Productions Valley Glen, CA 91401	TEL	\$44,813.62	\$0.00	\$44,813.62	\$0.00

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

## SUBTOTALS

## 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** \$17,440,657.03
- 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** \$2,709,791.41
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$14,730,865.62  
May be a negative number.

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

Type or print in ink.  
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to whole dollars.

Statement covers period  
from 09/25/2016  
through 10/22/2016

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NAME OF FILER  
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I.D. NUMBER  
1379198

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- |   |   |   |
|---|---|---|
| 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, email)            |
- \*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
1750 Productions Valley Glen, CA 91401	TEL	\$50,637.15	\$0.00	\$50,637.15	\$0.00
Amplified Strategies Seattle, WA 98112	LIT, POS	\$1,750,942.00	\$0.00	\$1,750,942.00	\$0.00
New Partners Consulting, Inc. Washington, DC 20005	CNS	\$24,000.00	\$0.00	\$24,000.00	\$0.00
New Partners Consulting, Inc. Washington, DC 20005	CNS	\$18,000.00	\$0.00	\$18,000.00	\$0.00
<b>SUBTOTALS</b>					



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

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Statement covers period  
from 09/25/2016  
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**CALIFORNIA FORM 460**  
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NAME OF FILER  
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- |   |   |   |
|---|---|---|
| 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, email)            |

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Targeted Communications Long Beach, CA 90802	CNS	\$20,000.00	\$0.00	\$20,000.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$32,000.00	\$0.00	\$32,000.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	MTG, OFC, TRS	\$5,428.59	\$0.00	\$5,428.59	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	OFC	\$785.69	\$0.00	\$785.69	\$0.00

**SUBTOTALS**

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

Type or print in ink.  
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Statement covers period  
from 09/25/2016  
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NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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- |   |   |   |
|---|---|---|
| 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, email)            |

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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
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL, TRS	\$142,500.00	\$0.00	\$142,500.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$40,000.00	\$0.00	\$40,000.00	\$0.00
Pete Conaty & Associates Sacramento, CA 95814	LIT, MTG, TRS	\$2,301.88	\$0.00	\$2,301.88	\$0.00
Budget Watchdogs Newsletter Torrance, CA 90501	LIT	\$67,500.00	\$0.00	\$54,000.00	\$13,500.00
Committee ID: 1345115					

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
FORM **460**

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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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, email)

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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
California Voter Guide Torrance, CA 90501	LIT	\$37,500.00	\$0.00	\$30,000.00	\$7,500.00
Committee ID: 595004					
California Senior Advocates League Voter Guide Torrance, CA 90501	LIT	\$22,500.00	\$0.00	\$18,000.00	\$4,500.00
Committee ID: 1368249					
COPS Voter Guide, Inc. Folsom, CA 95630	LIT	\$21,000.00	\$0.00	\$0.00	\$21,000.00
Committee ID: 599014					
Educate Your Vote - A Project of the Coalition for Literacy Carlsbad, CA 92009	LIT	\$25,000.00	\$0.00	\$22,500.00	\$2,500.00
Committee ID: 1345655					

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 09/25/2016  
through 10/22/2016

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NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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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
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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Election Digest - A Project of the Coalition for Literacy Torrance, CA 90501	LIT	\$52,500.00	\$0.00	\$42,000.00	\$10,500.00
Committee ID: 1345303 Latino Voter Guide Long Beach, CA 90802	LIT	\$80,000.00	(\$80,000.00)	\$0.00	\$0.00
Committee ID: 1389395 Voter Guide Slate Cards Long Beach, CA 90808	LIT	\$60,000.00	\$0.00	\$54,000.00	\$6,000.00
Committee ID: 1319578 Nik Bonovich Berkeley, CA 94702	LIT, OFC, TRS	\$1,589.78	\$0.00	\$1,589.78	\$0.00

**SUBTOTALS**

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

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Statement covers period  
from 09/25/2016  
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**CALIFORNIA  
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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
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL, TRS	\$82,000.00	\$0.00	\$82,000.00	\$0.00
Mercury Public Affairs New York, NY 10007	LIT, MTG, OFC, TRS	\$5,664.30	\$0.00	\$0.00	\$5,664.30
Stabins Design Manhattan Beach, CA 90266	LIT	\$120.00	\$0.00	\$120.00	\$0.00
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	LIT, OFC, POS, PRT, TRS	\$5,596.95	\$0.00	\$5,596.95	\$0.00

**SUBTOTALS**

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

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Statement covers period  
from 09/25/2016  
through 10/22/2016

**CALIFORNIA FORM 460**  
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NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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- |   |   |   |
|---|---|---|
| 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, email)            |
- \*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	MTG, OFC, TRS	\$10,160.22	\$0.00	\$10,160.22	\$0.00
Voter Newsletter: A Project of the Coalition for California Sherman Oaks, CA 91403	LIT	\$0.00	\$3,500.00	\$0.00	\$3,500.00
Committee ID: 1355767 Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$29,000.00	\$0.00	\$29,000.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$44,400.00	\$0.00	\$44,400.00	\$0.00

**SUBTOTALS**

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

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

Statement covers period  
from 09/25/2016  
through 10/22/2016

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

**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
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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
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$62,500.00	\$0.00	\$62,500.00	\$0.00
Henry Sotelo Montclair, CA 91763	TRS	\$414.00	\$0.00	\$414.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$50,000.00	\$0.00	\$50,000.00	\$0.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$50,000.00	\$0.00	\$50,000.00	\$0.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 09/25/2016  
through 10/22/2016

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FORM **460**

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## NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

**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
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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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
PORAC Official Law Enforcement Voter Guide Sacramento, CA 95834	LIT	\$0.00	\$4,000.00	\$0.00	\$4,000.00
Committee ID: 594017					
Nik Bonovich Berkeley, CA 94702	LIT, OFC, TRS	\$2,560.62	\$0.00	\$2,560.62	\$0.00
Democratic Voters Choice Covina, CA 91722	LIT	\$0.00	\$6,882.47	\$0.00	\$6,882.47
Committee ID: 595002					
Citizens for Good Government Covina, CA 91722	LIT	\$0.00	\$4,006.89	\$0.00	\$4,006.89
Committee ID: 599010					

## SUBTOTALS



# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
FORM 460

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
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**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
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Californians for Quality Education Covina, CA 91722	LIT	\$0.00	\$1,982.68	\$0.00	\$1,982.68
Committee ID: 1371954 Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	MTG, TRS	\$2,411.29	\$0.00	\$2,411.29	\$0.00
Meridian Strategies, LLC Santa Monica, CA 90403	CNS	\$15,000.00	\$0.00	\$15,000.00	\$0.00
Centaur North Strategies Whittier, CA 90603	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period  
from 09/25/2016  
through 10/22/2016

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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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
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New Partners Consulting, Inc. Washington, DC 20005	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
Target Enterprises Sherman Oaks, CA 91403	TEL, WEB	\$0.00	\$16,000,000.00	\$0.00	\$16,000,000.00
The Production House Long Beach, CA 90814	LIT, POS	\$0.00	\$919,874.14	\$0.00	\$919,874.14
David Mixner New York, NY 10036	MTG, TRS	\$0.00	\$3,516.58	\$0.00	\$3,516.58

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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Statement covers period  
from 09/25/2016  
through 10/22/2016

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FORM **460**

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## NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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Mercury Public Affairs New York, NY 10007	MTG, TRS	\$0.00	\$3,529.23	\$0.00	\$3,529.23
Bicker, Castillo & Fairbanks Public Affairs Sacramento, CA 95814	CMP, MTG, OFC, POS, TRS	\$0.00	\$23,300.33	\$0.00	\$23,300.33
Voter/Consumer Research, Inc. Houston, TX 77042	POL	\$32,000.00	\$0.00	\$0.00	\$32,000.00
Voter/Consumer Research, Inc. Houston, TX 77042	POL	\$0.00	\$32,000.00	\$0.00	\$32,000.00

**SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

Statement covers period  
from 09/25/2016  
through 10/22/2016

CALIFORNIA  
FORM **460**

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## NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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Voter/Consumer Research, Inc. Houston, TX 77042	POL	\$0.00	\$32,000.00	\$0.00	\$32,000.00
Pacific States Associates Sacramento, CA 95814	MTG	\$0.00	\$334.41	\$0.00	\$334.41
Pete Conaty & Associates Sacramento, CA 95814	LIT, MTG, TRS	\$0.00	\$5,230.30	\$0.00	\$5,230.30
Mercury Public Affairs New York, NY 10007	CNS	\$0.00	\$32,000.00	\$0.00	\$32,000.00

**SUBTOTALS**

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

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

Statement covers period  
from 09/25/2016  
through 10/22/2016

**CALIFORNIA  
FORM 460**

Page 53 of 117

NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

**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                   |
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Perry Communications Group, Inc. Sacramento, CA 95814	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
The Principi Group, LLC Alexandria, VA 22314	CNS	\$0.00	\$7,500.00	\$0.00	\$7,500.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$0.00	\$293,500.00	\$0.00	\$293,500.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$0.00	\$30,000.00	\$0.00	\$30,000.00

**SUBTOTALS**

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

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from 09/25/2016  
through 10/22/2016

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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Winner & Mandabach Campaigns Santa Monica, CA 90401	POL	\$0.00	\$72,500.00	\$0.00	\$72,500.00
<b>SUBTOTALS</b>		\$2,892,922.44	\$17,440,657.03	\$2,709,758.14	\$17,623,821.33

# 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	09/25/2016	
through	10/22/2016	Page 55 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

1750 Productions

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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
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
APM Music Hollywood, CA 90028	TEL			\$2,430.00
Falcon Paymasters Columbus, OH 43212	TEL			\$2,761.32
JC Oliva Los Angeles, CA 90028	TEL			\$4,250.00
Metropolis Media Los Angeles, CA 90028	TEL			\$23,412.92

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$32854.24

\* 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.

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

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 56 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

1750 Productions

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nouveau Richards Productions Kirkwood, MO 63122	TEL			\$22,143.27
Pond5 New York, NY 10010	TEL			\$1,500.00
Michael Stathopolous Van Nuys, CA 91405	TEL			\$16,945.31
SunSpots Productions Ocoee, FL 34761	TEL			\$1,020.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$41608.58

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



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/25/2016	
through	10/22/2016	Page 57 of 117

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Access Media Services, Inc.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Comcast SportsNet California Philadelphia, PA 19148	TEL			\$5,555.00
Crossings TV Sacramento, CA 95825	TEL			\$45,273.00
DirecTV El Segundo, CA 90245	TEL			\$2,650,000.00
Fox Sports 1 New York, NY 10036	TEL			\$409,722.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3110550.00

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

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Access Media Services, Inc.

**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, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox Sports Prime Ticket Los Angeles, CA 90064	TEL			\$97,917.00
Fox Sports San Diego Los Angeles, CA 90064	TEL			\$2,000.00
Fox Sports West Los Angeles, CA 90064	TEL			\$90,364.00
National Cable Communications Boomfield, NJ 07003	TEL			\$3,740,702.70

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3930983.70

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sky Link TV Rosemead, CA 91770	TEL			\$31,508.00
Spectrum Reach New York, NY 10023	TEL			\$2,737,067.10

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2768575.10

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Amplified Strategies

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aaron, Thomas & Associates, Inc. Chatsworth, CA 91311	LIT			\$327,500.00
United States Postal Service Washington, DC 20260	POS			\$872,955.00
Aaron, Thomas & Associates, Inc. Chatsworth, CA 91311	LIT			\$161,200.00
United States Postal Service Washington, DC 20260	POS			\$884,300.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2245955.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aaron, Thomas & Associates, Inc. Chatsworth, CA 91311	LIT			\$733,200.00
Aaron, Thomas & Associates, Inc. Chatsworth, CA 91311	LIT			\$525,382.00
United States Postal Service Washington, DC 20260	POS			\$836,600.00
United States Postal Service Washington, DC 20260	POS			\$974,736.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3069918.00

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# Schedule G

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Amplified Strategies

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voice Broadcasting Corporation Arlington, TX 76010	PHO			\$112,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$112,500.00

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

BCD Travel

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$484.10
Southwest Airlines Dallas, TX 75235	TRS			\$401.78
Southwest Airlines Dallas, TX 75235	TRS			\$401.78

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1287.66

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ABC Local Glendale, CA 91201	WEB			\$18,400.00
ABC National New York, NY 10023	WEB			\$36,800.00
AOL Advertising, Inc. New York, NY 10003	WEB			\$28,500.00
CBS Interactive Chicago, IL 60673	WEB			\$36,800.00

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**TOTAL\*** \$120500.00

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Centro Santa Monica, CA 90401	WEB			\$184,000.00
CNN.com Los Angeles, CA 90067	WEB			\$30,250.00
Digital First Media Denver, CO 80202	WEB			\$18,750.50
Facebook, Inc. Menlo Park, CA 94025	WEB			\$826,500.00

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**TOTAL\*** \$1059500.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google Mountain View, CA 94043	WEB			\$522,391.50
Hulu, Inc. Chicago, IL 60693	WEB			\$116,533.33
Inform Atlanta, CA 30326	WEB			\$110,400.00
NBC New York, NY 10112	WEB			\$36,800.00

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**TOTAL\*** \$786124.83

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
New Partners Consulting, Inc. Washington, DC 20005	WEB			\$12,880.00
Noozhawk Santa Barbara, CA 93101	WEB			\$3,066.67
Pandora Media Oakland, CA 94612	WEB			\$552,650.06
SF Gate.com San Francisco, CA 94107	WEB			\$7,973.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$576570.06

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Snapchat, Inc. Venice, CA 90291	WEB			\$3,065.00
The Sacramento Bee Sacramento, CA 95816	WEB			\$25,565.00
Tribune Media Los Angeles, CA 90067	WEB			\$38,640.00
Tubemogul, Inc. Emeryville, CA 94608	WEB			\$46,000.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$113270.00

\* 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.

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

# 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	09/25/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bask Digital Media, LLC

**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, email)

\* 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
Twitter, Inc. San Francisco, CA 94103	WEB			\$185,710.00
Undertone New York, NY 10178	WEB			\$45,390.00
Yahoo, Inc. Sunnyvale, CA 94089	WEB			\$49,066.66

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$280166.66

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SCHEDULE G

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bell, McAndrews & Hiltachk, LLP

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sacramento International Airport Sacramento, CA 95837	TRS			\$17.00
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$22.01

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$39.01

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

# Schedule G

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SCHEDULE G

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No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bicker, Castillo & Fairbanks Public Affairs

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Critical Mention, Inc. New York, NY 10175	OFC			\$3,000.00
LA/OC Building and Construction Trades Council Los Angeles, CA 90026	PRT			\$2,895.00
Sacramento International Airport Sacramento, CA 95837	TRS			\$29.00
American Legion, Department of California Sanger, CA 93657	MTG			\$3,226.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$9150.00

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I.D. NUMBER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brasserie Capitale Sacramento, CA 95814	MTG			\$3,857.97
California Medical Association Sacramento, CA 95814	MTG			\$2,500.00
FedEx Corporation Memphis, TN 38120	POS			\$674.74
Genesys Daly City, CA 94014	OFC			\$113.58

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$7146.29

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hyatt Regency Long Beach Long Beach, CA 90802	TRS			\$436.97
Hyatt Regency Long Beach Long Beach, CA 90802	TRS			\$8.00
Los Angeles Airport Marriott Los Angeles, CA 90045	TRS			\$285.79
Los Angeles Airport Marriott Los Angeles, CA 90045	TRS			\$282.27

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1013.03

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Los Angeles Airport Marriott Los Angeles, CA 90045	TRS			\$322.30
On The Thirty Sherman Oaks, CA 91403	MTG			\$2,916.00
Print Project Managers & Graphic Design, Inc. Rancho Cordova, CA 95742	CMP			\$144.60
Sacramento International Airport Sacramento, CA 95837	TRS			\$34.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3416.90

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sacramento International Airport Sacramento, CA 95837	TRS			\$17.00
Sacramento International Airport Sacramento, CA 95837	TRS			\$34.00
Sacramento International Airport Sacramento, CA 95837	TRS			\$33.00
Sacramento International Airport Sacramento, CA 95837	TRS			\$42.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$126.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Grand Sacramento Hotel Sacramento, CA 95814	MTG			\$2,254.26
Southwest Airlines Dallas, TX 75235	TRS			\$503.97
Southwest Airlines Dallas, TX 75235	TRS			\$776.97
Southwest Airlines Dallas, TX 75235	TRS			\$517.98

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**TOTAL\*** \$4053.18

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$1,569.94
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$18.05
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$16.56
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$24.37

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**TOTAL\*** \$1628.92

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$44.45
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$108.06
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$33.13
Vietnam Veterans of America, California State Council, Inc. Sonora, CA 95370	MTG			\$1,000.00

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**TOTAL\*** \$1185.64

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Nik Bonovich

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Corporation Memphis, TN 38120	OFC			\$159.45

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**TOTAL\*** \$159.45

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Landslide Communications, Inc.

**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, email)

\* 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
National Tax Limitation Committee Newsletter Laguna Niguel, CA 92677	LIT			\$12,461.50
1306386 Save Proposition 13 Segregated Fund Account Laguna Niguel, CA 92677	LIT			\$13,791.88
598040 Small Business Action Committee Newsletter Laguna Niguel, CA 92677	LIT			\$10,107.03
1322823				

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$36360.41

\* 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.

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



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE G

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I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Mercury Public Affairs

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BCD Travel Atlanta, GA 30328	TRS			\$401.78
BCD Travel Atlanta, GA 30328	TRS			\$401.78
BCD Travel Atlanta, GA 30328	TRS			\$484.10
Southwest Airlines Dallas, TX 75235	TRS			\$65.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1352.66

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$520.64
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$4.24
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$30.89
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$19.78

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$575.55

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$520.64
The Westin Bonaventure Hotel & Suites, Los Angeles Los Angeles, CA 90071	TRS			\$14.96
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$23.95
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$15.74

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$575.29

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$15.12
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$11.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$26.32

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# Schedule G

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I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

David Mixner

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Glass House Tavern New York, NY 10036	MTG			\$64.87
Glass House Tavern New York, NY 10036	MTG			\$41.21
Glass House Tavern New York, NY 10036	MTG			\$164.52
JetBlue Airways Long Island City, NY 11101	TRS			\$1,946.20

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2216.80

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$86.65
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$88.04
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$80.25
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$74.34

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$329.28

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$30.37
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$94.96
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$85.09
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$122.41

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**TOTAL\*** \$332.83

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$88.04
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$49.68

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**TOTAL\*** \$137.72

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Pete Conaty & Associates

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Flamingo Conference Resort and Spa Santa Rosa, CA 95405	TRS			\$589.28
Flamingo Conference Resort and Spa Santa Rosa, CA 95405	TRS			\$122.08
MM Printing Sacramento, CA 95814	LIT			\$841.58
Southwest Airlines Dallas, TX 75235	TRS			\$510.96

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**TOTAL\*** \$2063.90

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SpringHill Suites Fresno Fresno, CA 93710	TRS			\$180.78
Veterans of Foreign Wars, California Elk Grove, CA 95624	MTG			\$200.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$380.78

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises

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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
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* 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
Access Media Services, Inc. Redondo Beach, CA 90277	TEL			\$9,810,108.80
Bask Digital Media, LLC Sherman Oaks, CA 91403	WEB			\$2,936,132.05
Clear Channel Outdoor Torrance, CA 90501	PRT			\$209,013.00
Extreme Reach Needham, MA 02494	TEL			\$156,906.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$13112160.35

\* 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.

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

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

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Target Enterprises

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Corporation Memphis, TN 38120	POS			\$347.78
KABC - TV Glendale, CA 91201	TEL			\$3,422,134.00
KABE - TV Bakersfield, CA 93309	TEL			\$19,477.75
KAIL - TV Fresno, CA 93710	TEL			\$459.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3442418.53

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KBAK - TV Bakersfield, CA 93301	TEL			\$91,514.40
KBFX - TV Bakersfield, CA 93301	TEL			\$22,645.70
KBNT - TV San Diego, CA 92123	TEL			\$18,874.25
KCAL - TV Studio City, CA 91604	TEL			\$467,202.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$600236.85

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCBA - TV Monterey, CA 93940	TEL			\$34,029.75
KCBS - TV Studio City, CA 91604	TEL			\$2,236,294.75
KCOP - TV Los Angeles, CA 90025	TEL			\$114,138.00
KCOY - TV Santa Maria, CA 93455	TEL			\$90,703.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2475166.00

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCRA - TV Sacramento, CA 95814	TEL			\$1,008,695.00
KCSO - TV Sacramento, CA 95815	TEL			\$11,475.00
KCVU - TV Chico, CA 95928	TEL			\$42,279.00
KDFX - TV Thousand Palms, CA 92276	TEL			\$14,305.50

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**TOTAL\*** \$1076754.50

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# Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KDOC - TV Santa Ana, CA 92701	TEL			\$6,120.00
KDTV - TV San Francisco, CA 94105	TEL			\$102,344.25
KEMO - TV Emeryville, CA 94508	TEL			\$2,983.50
KERO - TV Bakersfield, CA 93301	TEL			\$29,619.95

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**TOTAL\*** \$141067.70

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KESQ - TV Thousand Palms, CA 92276	TEL			\$208,318.00
KEYT - TV Santa Barbara, CA 93109	TEL			\$92,573.50
KFMB - TV San Diego, CA 92111	TEL			\$769,836.50
KFSN - TV Fresno, CA 93706	TEL			\$246,457.50

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**TOTAL\*** \$1317185.50

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFTR - TV Los Angeles, CA 90045	TEL			\$9,630.50
KFTV - TV Fresno, CA 93704	TEL			\$38,352.00
KGET - TV Bakersfield, CA 93301	TEL			\$112,846.85
KGO - TV San Francisco, CA 94111	TEL			\$861,772.50

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**TOTAL\*** \$1022601.85

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGPE - TV Fresno, CA 93727	TEL			\$87,414.00
KGTV - TV Fresno, CA 92102	TEL			\$301,240.00
KHSL - TV Chico, CA 95973	TEL			\$39,523.30
KION - TV Salinas, CA 93905	TEL			\$59,793.25

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**TOTAL\*** \$487970.55

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KKFX - TV Santa Barbara, CA 93109	TEL			\$8,126.00
KMAX - TV Sacramento, CA 95605	TEL			\$134,790.45
KMEX - TV Los Angeles, CA 90045	TEL			\$265,688.75
KMIR - TV Palm Desert, CA 92260	TEL			\$151,817.65

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**TOTAL\*** \$560422.85

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KMPH - TV Fresno, CA 93727	TEL			\$161,164.25
KMUV - TV Salinas, CA 93905	TEL			\$4,165.00
KNBC - TV Universal City, CA 91608	TEL			\$2,358,546.00
KNSD - TV San Diego, CA 92123	TEL			\$516,693.75

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**TOTAL\*** \$3040569.00

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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, email)

\* 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
KNSO - TV Fresno, CA 93720	TEL			\$3,740.00
KNTV - TV San Jose, CA 95131	TEL			\$403,346.25
KNVN - TV Chico, CA 95973	TEL			\$57,171.00
KOFY - TV San Francisco, CA 94124	TEL			\$5,168.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$469425.25

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

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Target Enterprises

**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
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KOVR - TV West Sacramento, CA 95605	TEL			\$813,565.60
KPIX - TV San Francisco, CA 94111	TEL			\$888,471.00
KQCA - TV Sacramento, CA 95814	TEL			\$77,732.50
KRCA - TV Burbank, CA 91504	TEL			\$42,818.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1822587.85

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRCR - TV Redding, CA 96001	TEL			\$67,434.75
KRON - TV San Francisco, CA 94111	TEL			\$87,908.70
KSBW - TV Salinas, CA 93901	TEL			\$172,193.00
KSBY - TV San Luis Obispo, CA 93405	TEL			\$188,848.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$516385.20

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSCI - TV Los Angeles, CA 90025	TEL			\$26,860.00
KSEE - TV Fresno, CA 93727	TEL			\$46,614.00
KSMS - TV Monterey, CA 93940	TEL			\$13,438.50
KSTS - TV San Jose, CA 95131	TEL			\$64,302.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$151215.00

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# Schedule G

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KSWB - TV San Diego, CA 92111	TEL			\$204,127.50
KTTLA - TV Los Angeles, CA 90028	TEL			\$783,083.75
KTSF - TV Brisbane, CA 94005	TEL			\$65,824.00
KTTV - TV Los Angeles, CA 90025	TEL			\$1,464,380.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2517415.25

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTVU - TV Oakland, CA 94607	TEL			\$778,149.50
KTXL - TV Sacramento, CA 95820	TEL			\$302,285.50
KUSI - TV San Diego, CA 92123	TEL			\$186,222.25
KUVS - TV Sacramento, CA 95815	TEL			\$80,699.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1347356.25

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KVEA - TV Universal City, CA 91608	TEL			\$164,900.00
KVLA - TV Huntington Beach, CA 92647	TEL			\$4,420.00
KXTV - TV Sacramento, CA 95818	TEL			\$453,758.90
KZKC - TV Bakersfield, CA 93301	TEL			\$573.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$623652.65

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# Schedule G

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Target Enterprises

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NESQ - TV Thousand Palms, CA 92276	TEL			\$94,979.00
NSBW - TV Salinas, CA 93901	TEL			\$10,880.00
Outfront Media Los Angeles, CA 90031	PRT			\$513,150.52
XHAS - TV San Diego, CA 92123	TEL			\$73,652.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$692662.02

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Production House

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service Washington, DC 20260	POS			\$435,815.51
United States Postal Service Washington, DC 20260	POS			\$336,735.01

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$772,550.52

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Trilogy Interactive LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Google Mountain View, CA 94043	WEB			\$20.00
IBM Atlanta, GA 30328	WEB			\$319.39

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**TOTAL\*** \$339.39

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$17,900.00
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$30,000.00
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$119,000.00
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$80,750.00

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**TOTAL\*** \$247650.00

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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, email)

\* 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
Sheraton Grand Sacramento Hotel Sacramento, CA 95814	TRS			\$455.04
Southwest Airlines Dallas, TX 75235	TRS			\$512.38
Southwest Airlines Dallas, TX 75235	TRS			\$517.98
Southwest Airlines Dallas, TX 75235	TRS			\$517.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2003.38

\* 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.

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

# 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	09/25/2016	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Winner & Mandabach Campaigns

**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, email)

\* 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
Teleconferencing Services, LLC Chicago, IL 60693	OFC			\$1,310.26
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$22.18
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$26.25
Uber Technologies, Inc. San Francisco, CA 94105	TRS			\$45.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1404.02

\* 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.

**FPPC Form 460 (June/01)**  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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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, email)

\* 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
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$30,000.00
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Oakland, CA 94612	POL			\$293,500.00
Winner & Mandabach Campaigns Santa Monica, CA 90401	POL			\$72,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$396000.00

\* 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.

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

# Schedule H – Loans Made to Others\*

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

SCHEDULE H

Statement covers period

from 09/25/2016

through 10/22/2016

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER  
1379198

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			<b>SUBTOTALS</b>					

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** .....  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period

from 09/25/2016

through 10/22/2016

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NAME OF FILER

No on Prop 61 - Californians Against the Deceptive Rx Proposition, a coalition of veterans doctors patient advocates seniors taxpayers and members of Pharmaceutical Research and Manufacturers of Amer.

I.D. NUMBER

1379198

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/30/2016	California Bank & Trust Los Angeles, CA 90071	Interest Earned	\$2,595.86

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$2,595.86

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$2,595.86
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$2,595.86

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