m · · · · · · · · · · · · · · · · · · ·				COVER PAGE
Recipient Committee Campaign Statement	Type or print in	n ink.	Date Stamp	CALIFORNIA 460
Cover Page				
Government Code Sections 84200-84216.5)	Statement covers period 5/18/08	Date of election if applicable: (Month, Day, Year)	JUL 31 2008	Page1of16 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	from	06/03/08	GUSAN M. RANOCHAK ENDOCHO COLLATY CLE	rk
1. Type of Recipient Committee: All Committees	Complete Parts 1 2 3 and 4	2. Type of Statement:	7 D	400)
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee		Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1303971	Treasurer(s)	na yyngisinin mangayayan ka jugisi dina yili mgi dili mgi di limin di Maria di Maria di Maria di Maria di Mari	The second secon
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE	and the second s	NAME OF TREASURER		
Yes On B Coalition	·	V. James Sligh		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)			STATE Z	IP CODE
PMB 114, 759 S. State Street		Uman		5482
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU		0,02
Ukiah CA 954	482 (707) 462-8635		:	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.C	D. BOX	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	$C_{1}TY$	STATE Z	IP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
yesonb@pacific.net				
4. Verification	miyang digiri na da da da kara da da mara na da baran na da wasan da			
I have used all reasonable diligence in preparing and review			rein and in the attached scl	hedules is true and complete. I certify
under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.			
Executed on	ву	Signature of Treasgler or Assistant	Treasurer	
Executed on	BySignature of C	Controlling Officeholder, Candidate, State Measure Pro	pponent or Responsible Officer of Spo	ansor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	5000 P 400 () (07)

			······		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
		Measure B			
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		✓ SUPPORT
		В	Mendocino	County	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling	officeholder, candi	date, or state measure	e proponent, if a
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR PROP	ONENT	
	in this Statement: List any committees colled by you or are primarily formed to receive alf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER			<u> </u>	
NAME OF TOTACHDED	CONTROLLED COMMITTEES	7. Primarily Formed Ca			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca officeholder(s) or candidat			
	TYES NO		e(s) for which this c		rmed.
		officeholder(s) or candidat	e(s) for which this c	ommittee is primarily fo	rmed.
	SS (NO P.O. BOX)	officeholder(s) or candidat	e(s) for which this c	ommittee is primarily fo	SUPPOR
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)	officeholder(s) or candidat	e(s) for which this c	ommittee is primarily fo	SUPPOR
COMMITTEE ADDRESS STREET ADDRE	SS (NO P.O. BOX)	Officeholder(s) or candidate NAME OF OFFICEHOLDER OF OFFICEHOLDER OF	e(s) for which this c	ommittee is primarily for DEFICE SOUGHT OR HELD DEFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES [] NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidat	e(s) for which this c	ommittee is primarily fo	SUPPORE O SUPPORE O OPPOSE O OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES [] NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	Officeholder(s) or candidate NAME OF OFFICEHOLDER OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE C C C C C C C C C C C C C C C C C C C	ommittee is primarily for DEFICE SOUGHT OR HELD DEFICE SOUGHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRE CITY STA COMMITTEE NAME NAME OF TREASURER	YES NO SS (NO P.O. BOX) THE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER O	R CANDIDATE R CANDIDATE C C C C C C C C C C C C C C C C C C C	ommittee is primarily for DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRE CITY STA COMMITTEE NAME NAME OF TREASURER	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER O	R CANDIDATE R CANDIDATE C C C C C C C C C C C C C C C C C C C	ommittee is primarily for DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE CITY STA COMMITTEE NAME NAME OF TREASURER	YES NO SS (NO P.O. BOX) THE ZIP CODE AREA CODE/PHONE LD. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER O	R CANDIDATE R CANDIDATE C C C C C C C C C C C C C C C C C C C	ommittee is primarily for DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE DEFICE SOUGHT OR HELE	SUPPOR SUPPOR SUPPOR OPPOSE

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM

Statement covers period

from _

5/18/08

NAME OF FILER	·			ti	hrough _	6/30/08	Page 3 of 16
Yes On B Coalition Contributions Received 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1000 14656 5321	\$	1 54 10	R	Running in Both the General Elections 1/1 20. Contributions Received \$	1303971 Inmary for Candidates ne State Primary and Ithrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 Schedule E, Line 3 Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	10760	\$ \$	54	487 487 207 256 950	Candidates 22. Cumulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$	14656 18758 771	an co fro rej Co fig su pe thi foi	calculate Column ounts in Column or responding amount of the column B of your Column B of your Some amount amount a may be not used that should be a first report being this calendar yearry over the amounts.	A to the unts our last nts in egative be whous this is gifled ar, only unts	*Amounts in this section reported in Column B.	\$may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		1207		om Lines 2, 7, and ny).	19 (if	FPPC Toll-Free Heipl	FPPC Form 460 (January/05 ine: 866/ASK-FPPC (866/275-3772

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		whole dollars.	Statement cov	ers period 8/08	CALII FO	ORM 460
SEE INSTRUCTIO	ONS ON REVERSE			through6	/30/08	Page .	4 of16
VOS OR P	Coolition		AND THE PARTY OF THE AND THE PARTY OF THE PA			1.D. NU	
Yes On B						13039	1/7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/20/08	Daniel E. Larwood 2260 Old River Road Ukiah, CA 95482	ØIND □COM □OTH □PTY	Harbor Pilot S.F. Port Authority	100	11	00	
	,	Scc	S.F. FUR AUTHORRY				
5/20/08	John McCowen P.O. Box 454	☑IND ☐COM ☐OTH	Self employed	990	10:	90	
	Ukiah, CA 95482	□PTY □SCC	Property Management				
5/20/08	Shirlie G. March 4450 Running Springs Ranch Rd. Ukiah, CA 95482	☑IND □COM □OTH □PTY □SCC	Self employed Consultant	150	150		
5/20/08	Redwood Heating & Cooling 775 East Gobbi St. Ukiah, CA 95482	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250	2	50	
5/21/08	W. L. Brown 14000 Powerhouse Rd. Potter Valley, CA 95469	☑IND □COM □OTH □PTY □SCC	Retired	50	1	50	
			SUBTOTAL\$	1540			\$
Schedule	A Summary				*Cont	ributor C	odes
1. Amount re	ceived this period – itemized monetary contributions. I Schedule A subtotals.)	***************************************	\$	12630	IND-	Individua Recipie	al ent Committee
	ceived this period – unitemized monetary contributions			1026	отн	– Other	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu		•	13656	PTY-	-Political	Party contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

from.

5/18/08

NAME OF FILER Yes On B Coalition			through 6/3	30/08	Page I.D. NUM 13039	IBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERED. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/21/08	Robert Werra 2 Lookout Dr. Ukiah, CA 95482	ØIND □COM □OTH □PTY □SCC	Retired medical doctor	1400	14	00	
5/22/08	Issues Mobilization Political Action Committee 980 9th Ave., Suite 1430 Sacramento, CA 95814	□IND □COM ØOTH □PTY □SCC		2000	20	000	
5/23/08	Terrance M. Burns 455 Tehuacan Rd. Ukiah, CA 95482	ØIND □COM □OTH □PTY □SCC	Hospital Administrator Ukiah Valley Medical Ctr	250	Ę	600	
5/23/08	Michael Sweeney P.O. Box 1001 Ukiah, CA 95482	ØIND □COM □OTH □PTY □SCC	General Manager Mendocino Solid Waste Management Authority	1390	14	189	
5/23/08	Ross Liberty 150 Parducci Rd. Ukiah, CA 95482	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Manufacturer Factory Pipe	2200	136	575	
			SUBTOTAL	\$ 7240			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY -- Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

5/18/08

NAME OF FILER						I.D. NUME	BER
Yes On B Coalition						130397	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER J.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
5/28/08	Barbara Morrison 4414 1st Avenue Ukiah, CA 95482	ØIND □COM □OTH □PTY □SCC	Housewife	100	10	00	
5/28/08	Duane K. Wells 413 Hillview Ave. Ukiah, CA 95482	MIND COM OTH PTY SCC	Retired	500	81	0	
5/28/08	Dale Morrison 4414 1st Avenue Ukiah, CA 95482	☑IND □COM □OTH □PTY □SCC	Medical Doctor Dale Morrison, MD	150	35	50	
5/28/08	Larry Puterbaugh 768 S. Spring St. Ukiah, CA 95482	☑IND □COM □OTH □PTY □SCC	Teacher Ukiah Unified School Dist	100	200		
5/28/08	Crane of Ukiah 200 Orr Springs Rd. Ukiah, CA 95482	☐IND ☐COM ØOTH ☐PTY ☐SCC		600	60	00	
			SUBTOTAL	\$ 1450			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
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State	ment covers period	CALIFORNIA ACO
from	5/18/08	FORM 46U
through_	6/30/08	Page7 of16
		I.D. NUMBER
		1303971

Yes On B Coalition IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TODATE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) **WIND** Paul Jepson Medical Doctor []COM 5/29/08 200 200 P.O. Box 1487 OTH Ukiah, CA 95482 PTY Paul Jepson, MD __scc **WIND** Dale Harrison **Pharmacist** Псом 5/29/08 100 100 1171 Maple Ave. LIOTH Ukiah, CA 95482 Ukiah Valley Medical Ctr PTY ∏scc **☑**IND Sidney Maurer, Jr. Medical Doctor ПСОМ 5/29/08 100 100 10401 West Road □ OTH Redwood Valley, CA 95470 Sidney Maurer, MD □PTY [□SCC **☑**IND Robert D. Levy Retired ПСОМ 5/29/08 502 Walnut Ave. 200 200 По⊤н Ukiah, CA 95482 PTY SCC **IND Donald Coursey** Medical Doctor COM 5/30/08 100 100 240 Quail Dr. ∐отн Ukiah, CA 95482 Donald Coursey, MD [PTY SCC

SUBTOTAL\$

700

*Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from_

5/18/08

NAME OF FILER Yes On B	Coalition			through6/3	30/08	Page I.D. NUI 13039	1
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
5/30/08	Arnold S. Mello, Jr. 1780 Hawk Place Willits, CA 95490	☑IND □COM □OTH □PTY □SCC	Loan Officer Bank of Willits	100	1	100	
5/30/08	Jay Joseph 740 Finne Rd. Redwood Valley, CA 95470	ØIND □COM □OTH □PTY □SCC	Medical Doctor Jay Joseph, MD	200	2	200	
6/2/08	Kenneth J. Hoek 308 Jefferson Ln. Ukiah, CA 95482	VIND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Doctor Kenneth J. Hoek, MD	100		100	
6/3/08	John Mayfield 740 S. State St. Ukiah, CA 95482	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Owner Mayfield Consulting	300	10	000	
6/3/08	Charles Evans 433 North St. Healdsburg, CA 95448	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Medical Doctor Ukiah Valley Med. Center	100		100	
The second se			SUBTOTAL	\$ 800			

*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY -- Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.
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CALIFORNIA FORM

Statement covers period

from

5/18/08

NAME OF FILER Yes On B Coalition				through 6/3	30/08	Page I.D. NUM 13039	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	TRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR		CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
6/6/08	James F. King 290 Bittenbender Ln. Willits, CA 95490	Øind □com □cth □cc	Attorney Mannon, King & Johnson, Attorneys	200	۵	400	
6/6/08	Gary Fausone 461 Hidden Acres Rd. Healdsburg, CA 95448	ØIND □COM □OTH □PTY □SCC	Medical Doctor Ukiah Valley Med. Center	100	1	100	
6/24/08	Ralph Paulin 9300 West Road Potter Valley, CA 95469	ØIND □COM □OTH □PTY □SCC	Retired	100	1	100	
5/28/08	Dale Schatz 1000 Exley Lane Willits, CA 95490	☑IND □COM □OTH □PTY □SCC	Retired	500	7	700	an anna ann an ann an ann ann ann ann a
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				, , , , , , , , , , , , , , , , , , ,	
			SUBTOTAL	\$ 900			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule B – Part 1 Loans Received		Type or print in i ounts may be ro to whole dollar	unded		Statement cov	ers period 8/08	od CALIFORNIA 4 FORM				
EE INSTRUCTIONS ON REVERSE					through6	/30/08	Page 10	of			
AME OF FILER	· · ·						I.D. NUMBER				
Yes On B Coalition							1303971				
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE			
Ross Liberty	Manufacturer	and the second control of the property of the second confirment		☐ PAID			The state of the s	CALENDAR YEAR			
150 Parducci Rd.	Wallaraotaro			\$	s1000	0 %	s 1000	s 13675			
Jkiah, CA 95482	Factory Pipe			FORGIVEN	The second secon	RATE		PER ELECTION**			
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s0	s1000	\$	DATE DUE	\$0	5/23/08 DATE INCURRED	\$			
				PAID				CALENDAR YEAR			
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION*			
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$			
				☐ PAID				CALENDAR YEAR			
				\$FORGIVEN	\$	RATE	\$	\$ PER ELECTION**			
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$			
		SUBTOTALS \$	5	\$	\$	\$					
Schedule B Summary			· · · · · · · · · · · · · · · · · · ·			(Enter (e) on Schedule E, Line 3)					
Loans received this period			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	1000						
(Total Column (b) plus unitemized loan						(t	Contributor Codes				
Loans paid or forgiven this period (Total Column (c) plus loans under \$100				\$		1	ND – Individual COM – Recipient Co (other than I	ommittee PTY or SCC)			

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

Enter the net here and on the Summary Page, Column A, Line 2.

(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 \$ (May be a negative number)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

OTH - Other (e.g., business entity)

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

N/O	SCHEDULE C
Statement covers period 5/18/08	CALIFORNIA 460
6/30/08	Page 11 of 16
ree/American	I.D. NUMBER
	100000

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1303971 Yes On B Coalition CUMULATIVE TO AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER LD. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) **☑**IND Ross Liberty Manufacturer Newspaper ["ICOM 2533 13675 5/21/08 150 Parducci Rd. Advertising HTO[] Ukiah, CA 95482 Factory Pipe □PTY □SCC DIND Production and Richard P. Selzer Realtor ПСОМ 2741 5/30/08 4741 mailing of 350 E. Gobbi St. **□**OTH Ukiah, CA 95482 Selzer Realty brochure PTY SCC **□IND** ПСОМ [IOTH PTY □SCC MIND FICOM □ OTH **PTY** □SCC SUBTOTAL \$ 5274 Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

47

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

							SCHEDULI
Amounts n		nt in ink. be rounded		Statement covers period		CALIFOR	
Payments Made	to whole d	to whole dollars.		from	5/18/08	FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes On B Coalition				through _	6/30/08	Page12 1.D. NUMBE 1303971	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circuit PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey researd ivery and mes	s	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/r TSF trans VOT voter	be the payment, airlime and production ned contributions vaign workers' salaries r cable airlime and prod idate travel, lodging, and spouse travel, lodging, for between committee registration nation technology costs	luction costs I meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	A STATE OF THE STA	CODE C	DR DE:	SCRIPTION OF PA	AYMENT		AMOUNT PAID
KWNE Radio 1100 Hastings Rd. Ukiah, CA 95482		RAD					206
KOZT Radio 110 S. Franklin St. Fort Bragg, CA 95437		RAD					200
KMFB Radio 101 E. Boatyard Fort Bragg, CA 95437		RAD					109
* Payments that are contributions or independent expenditures r	must also be summ	arized on S	chedule D.		SU	IBTOTAL\$	515

Schedule E Summary

2. Unitemized payments made this period of under \$100\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 18758

18437

321

20	ᄪᇎ	DI 31.	(CONT

Schedule E (Continuation Sheet) **Payments Made**

3001 S. State St. #30

Ukiah, CA 95482

Type or print in ink. Amounts may be rounded

	SOUTEDOKE E (SOUTE,
Statement covers period	CALIFORNIA 160
from5/18/08	FORM 400
through 6/30/08	Page 13 of 16
, <u>, , , , , , , , , , , , , , , , , , </u>	I.D. NUMBER
	4000074

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes On B Coalition 1303971

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL fundraising events polling and survey research staff/spouse travel, lodging, and meals END transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF IND legal defense professional services (legal, accounting) TOV voter registration LEG campaign literature and mailings PRT print ads information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Don Watt dba Wattworks TEL 10501 Sycamore 500 Middletown, CA 95461 Comcast Spotlight 737 Southpoint Blvd. #H TEL 2300 Petaluma, CA 94954

KTDE Radio RAD P.O. Box 1557 300 Gualala, CA 95445 **Direct Image Printing** 2305 Serenity Place LIT 1638 Clearlake, CA 95422 **Autozip Mail Services**

LIT

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

SUBTOTAL \$

5486

748

Schedule E (Continuation Sheet)

CMP campaign paraphernalia/misc.

CNS campaign consultants

Type or print in ink. Amounts may be rounded

MBR member communications

MTG meetings and appearances

		001111100111111	(00111)
Statem	ent covers period	CALIFORNIA A	20
from	5/18/08	FORM 4	OU
through _	6/30/08	Page 14 of	16
, Alicent, Mirror, Schille, Steller, St	AND AND A TAKEN OF THE REAL PROPERTY OF THE PR	I.D. NUMBER	
		1303971	

RAD radio airtime and production costs

RFD returned contributions

to whole dollars. **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yes On B Coalition CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es iting grvey rese ery and n		TEL TRC TRS TSF VOT	campaign workers' salaries t.v. or cable airtime and productic candidate travel, lodging, and me staff/spouse travel, lodging, and transfer between committees of to voter registration information technology costs (inter-	als meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Willits News 77 W. Commercial St. Willits, CA 95490	PRT				441
Fort Bragg Advocate 450 N. Franklin Fort Bragg, CA 95437	PRT				490
Press Democrat 427 Mendocino Ave. Santa Rosa, CA 95401	PRT				378
Ukiah Daily Journal 590 S. School St. Ukiah, CA 95482	PRT				544
U.S. Postal Service Ukiah, CA 95482	POS				3722

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

5575

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period 5/18/08	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		6/30/08	Page 15 of 16
AME OF FILER			I.D. NUMBER
Yes On B Coalition			1303971

Yes On B Coalition		. ,	5			1303971	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate fiting/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET pelition circu PHO phone banks POL polling and sepondary POS postage, del	nmunications d appearance ises lating s survey reseal ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and produ- candidate travel, lodging, and staff/spouse travel, todging, a transfer between committees voter registration information technology costs	iction costs meals nd meals of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT	Α	MOUNT PAID
Independent Coast Observer P.O. Box 1200 Gualala, CA 95445		PRT					339
BiCoastal Media P.O. Box 759 Lakeport, CA 95453		RAD					1880
				<u></u>			

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

SUBTOTAL \$

2219

Schedule	e F		
Accrued	Expenses ((Unpaid	Bills)

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

Statement covers period from 5/18/08	CALIFORNIA 460
through 6/30/08	Page 16 of 16
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			through	Page	of
NAME OF FILER Yes On B Coalition					I.D. NUMBER 1303971
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		therwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' safaries TEL f.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Ukiah Daily Journal 590 S. School St. Ukiah, CA 95482	PRT	0	751	544	207
* Payments that are contributions or independent expenditures must also be	SUBTOTALS				
summarized on Schedule D.	SUBTOTALS	0	751	\$ 544	\$ 207
 Schedule F Summary Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized) 			INCU	JRRED TOTALS \$ _	751
2. 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 \$					544
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	t		NET ¢	207 May be a negative number