

Recipient Committee Campaign Statement Cover Page

Date Stamp Filed Date: 09/30/2022 11:20 AM CALIFORNIA FORM 460 Page 1 of 6 For Official Use Only

Statement covers period from 07/01/2022 through 09/24/2022 Date of election if applicable: 11/08/2022

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement (checked)
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1453268

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

DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

IMPERIAL BEACH CA 91932

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

CITY STATE ZIP CODE AREA CODE/PHONE

IMPERIAL BEACH CA 91932

OPTIONAL: FAX / E-MAIL ADDRESS

BRIANA@BBCAMPAIGNS.COM

Treasurer(s)

NAME OF TREASURER

BRIANA BALESKIE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

IMPERIAL BEACH CA 91932

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

BRIANA@BBCAMPAIGNS.COM

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 09/28/2022 Date

By Briana Baleskie Signature of Treasurer or Assistant Treasurer

Executed on 09/30/2022 Date

By Alejandro Paz Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
ALEJANDRO PAZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Other

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] IMPERIAL BE CA 91932

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  
 CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
through	09/24/2022	Page <u>3</u> of <u>6</u>
NAME OF FILER DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022		I.D. NUMBER 1453268

SEE INSTRUCTIONS ON REVERSE

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 9,795.30	\$ 9,795.30
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 9,795.30	\$ 9,795.30
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 9,795.30	\$ 9,795.30

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

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

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 4,788.89	\$ 4,788.89
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 4,788.89	\$ 4,788.89
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	400.00	400.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 5,188.89	\$ 5,188.89

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts ..... Column A, Line 3 above	9,795.30
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	4,788.89
<b>16. ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 5,006.41

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 400.00

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
through	09/24/2022	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022	I.D. NUMBER 1453268
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2022	BRIAN MCGOFF [REDACTED] HAVERTOWN PA 19083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO DALRADA	1,000.00	1,000.00	1,000.00 G-22
9/1/2022	PALOMAR HOSPITAL PARTNERS, INC. [REDACTED] EL SEGUNDO CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,333.00	8,333.00	8,333.00 G-22
9/21/2022	THOMAS RASTLE [REDACTED] ESCONDIDO CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FAMILY PHYSICIAN GRAYBILL MEDICAL GROUP	262.30	262.30	262.30 G-22
9/23/2022	CAMILLE SANTOS [REDACTED] SAN DIEGO CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN PALOMAR HEALTH	200.00	200.00	200.00 G-22
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 9,795.30**

## Schedule A Summary

- Amount received this period – itemized monetary contribution  
(Include all Schedule A subtotals.) ..... \$ 9,795.30
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 9,795.30

\*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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	09/24/2022	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022		1453268

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022

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I.D. NUMBER  
1453268

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ROE STRATEGIC [REDACTED] BLOOMFIELD HILLS MI 48301	CNS		2,025.00
ROE STRATEGIC [REDACTED] BLOOMFIELD HILLS MI 48301	CMP		2,577.15

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

**SUBTOTAL \$ 4,602.15**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	4,602.15
2. Unitemized payments made this period of under \$100.....	\$	186.74
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>4,788.89</b>

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2022	
through	09/24/2022	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022		1453268

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR. PAZ FOR PALOMAR HEALTHCARE DISTRICT 2022

I.D. NUMBER

1453268

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BRIANA BALESKIE [REDACTED] IMPERIAL BEACH CA 91932	PRO	0.00	400.00	0.00	400.00
<b>SUBTOTALS \$</b>		<b>0.00 \$</b>	<b>400.00 \$</b>	<b>0.00 \$</b>	<b>400.00</b>

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

## 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 \$** 400.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 400.00

May be a negative number

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Dr. Paz for Palomar Healthcare District 2022			<b>Date of This Filing</b> <u>10/06/2022</u>	Date Stamp  <b>Filed Date:</b> <b>10/06/2022 01:54 PM</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1453268		<b>Report No.</b> <u>67</u>		
<b>STREET ADDRESS</b> [REDACTED]			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Imperial Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 91932	<b>No. of Page</b> <u>1</u>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/5/2022	Palomar Hospital Partners, Inc. [REDACTED] El Segundo CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,500.00  <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*\*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