

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

2/1/2021 FE

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CALIFORNIA
FORM **461**

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For Official Use Only

M19561

Statement covers period
from 07/01/2020
through 12/31/2020

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

SEE INSTRUCTIONS ON REVERSE

1. Name and Address of Filer

NAME OF FILER
ANTELOPE VALLEY EMERGENCY MEDICAL ASSOCIATES (AVEMA)

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
VALENCIA CA 91355

RESPONSIBLE OFFICER (If filer is other than an individual)
BRADLEY W. HERTZ, ATTORNEY/AGENT FOR FILER

AREA CODE/DAYTIME PHONE
661/254-4707

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED
EMERGENCY MEDICAL SERVICES

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)	\$ <u>10,000.00</u>
2. Unitemized expenditures and contributions (including loans) under \$100 made this period.	\$ <u>0.00</u>
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.)	SUBTOTAL \$ <u>10,000.00</u>
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)	\$ <u>15,840.67</u>
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)	TOTAL \$ <u>25,840.67</u>

4. Verification

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

Executed on 1/28/2021
DATE

Amendment (Explain): _____

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ANTELOPE VALLEY EMERGENCY MEDICAL ASSOCIATES (AVEMA)

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
09/02/2020	KRISTINA HONG FOR AV HOSPITAL BOARD 2020 (ID# 1389162) LANCASTER, CA 93536	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		KRISTINA HONG BOARD MEMBER ANTELOPE VALLEY HOSPITAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2,500.00	2,500.00
09/10/2020	DR. FARRUKH FOR AV HOSPITAL 2020 BOARD MEMBER (ID# 1430714) PALMDALE, CA 93551	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		ABDALLAH FARRUKH BOARD MEMBER ANTELOPE VALLEY HOSPITAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2,500.00	5,000.00
09/10/2020	MATEO OLIVAREZ FOR AV HEALTH DISTRICT (ID# 1393199) PALMDALE, CA 93550	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		MATEO OLIVAREZ BOARD MEMBER ANTELOPE VALLEY HOSPITAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2,500.00	2,500.00
11/02/2020	DR. FARRUKH FOR AV HOSPITAL 2020 BOARD MEMBER (ID# 1430714) PALMDALE, CA 93551	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		ABDALLAH FARRUKH BOARD MEMBER ANTELOPE VALLEY HOSPITAL DISTRICT <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	2,500.00	5,000.00

SUBTOTAL \$ 10,000.00