

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

5721

Date Stamp RECEIVED BY LOS ANGELES COUNTY 3/18/21 2021 MAR 22 PM 2:49 CAMPAIGN FINANCE	CALIFORNIA FORM 460
	Page <u>1</u> of <u>8</u> For Official Use Only 01/27/19

Statement covers period
 from 01/01/2021
 through 03/16/2021

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

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5) | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input checked="" type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input checked="" type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
 1423979

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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
 flora@politicallaw.com

Treasurer(s)

NAME OF TREASURER

FLORA YIN

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY

CARY DAVIDSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Therein and in the attached schedules is true and complete. I certify

Executed on 03/16/2021
 Date

By _____

 Int Treasurer

Executed on 03/16/2021
 Date

By _____
 Signature of Controlling

 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 _____

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 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
HOSPITAL BOND MEASURE - MEASURE AV

BALLOT NO. OR LETTER	JURISDICTION ANTELOPE VALLEY HEALTHCARE DISTRICT	<input type="checkbox"/> SUPPORT <input checked="" 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
-----------------------	---------------------

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2021
through 03/16/2021

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER

I.D. NUMBER
1423979

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 19,500.00	\$ 19,500.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 19,500.00	\$ 19,500.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 19,500.00	\$ 19,500.00

**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	\$ 43,021.56	\$ 43,021.56
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 43,021.56	\$ 43,021.56
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-40,688.57	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 2,332.99	\$ 43,021.56

**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	\$ 23,521.56
13. Cash Receipts	Column A, Line 3 above	19,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	43,021.56
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

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	\$ 0.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	03/16/2021	Page <u>4</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER	I.D. NUMBER 1423979
--	------------------------

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)
02/01/2021	PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		19,500.00	19,500.00	
		<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 \$				19,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 19,500.00
- 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 \$** 19,500.00

*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		CALIFORNIA FORM 460
from	01/01/2021	
through	03/16/2021	Page <u>5</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER		1423979

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER

I.D. NUMBER

1423979

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	PHD	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
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS		2,000.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS		12,500.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS		13,025.00

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

SUBTOTAL \$ 27,525.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	42,971.56
2. Unitemized payments made this period of under \$100	\$	50.00
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.)	TOTAL \$	43,021.56

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	03/16/2021	Page <u>6</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER		1423979

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER

I.D. NUMBER
1423979

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)*	PCS 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
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS			12,500.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	2,282.99
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO		FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	663.57

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

SUBTOTAL \$ 15,446.56

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

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
from 01/01/2021	
through 03/16/2021	Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER

I.D. NUMBER
1423979

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	FET 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
LT 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
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	13,025.00	0.00	13,025.00	0.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	12,500.00	0.00	12,500.00	0.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	12,500.00	0.00	12,500.00	0.00
SUBTOTALS \$		38,025.00\$	0.00\$	38,025.00\$	0.00

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

Schedule F Summary

1. 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 \$	0.00
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 \$	40,688.57
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-40,688.57 <small>May be a negative number</small>

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

SCHEDULE F (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2021	
through	03/16/2021	Page 8 of 8

NAME OF FILER NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL MEDICAL CENTER	I.D. NUMBER 1423979
--	------------------------

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) |

* 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
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	2,000.00	0.00	2,000.00	0.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	663.57	0.00	663.57	0.00
SUBTOTALS \$		2,663.57 \$	0.00 \$	2,663.57 \$	0.00

5721

Statement of Organization Recipient Committee

Statement Type

Initial, Amendment, Termination - See Part 5. Date of termination: 03 / 16 / 2021

RECEIVED AND FILED stamp, Date Stamp, CALIFORNIA FORM 410, For Official Use Only APR -1 AM 11:55, CAMPAIGN FINANCE 811279

1. Committee Information I.D. Number 1423979 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES... CITY: LOS ANGELES, STATE: CA, ZIP CODE: 90071

NAME OF TREASURER: FLORA YIN, CITY: LOS ANGELES, STATE: CA, ZIP CODE: 90071. NAME OF ASSISTANT TREASURER: CARY DAVIDSON, CITY: LOS ANGELES, STATE: CA, ZIP CODE: 90071. NAME OF PRINCIPAL OFFICER(S): VERONICA KNUDSON, CITY: LOS ANGELES, STATE: CA, ZIP CODE: 90071

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief, 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 3/16/2021 By [Signature] TREASURER. Executed on [Date] By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 3

COMMITTEE NAME
NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL
MEDICAL CENTER

I.D. NUMBER
1423979

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION CALIFORNIA BANK & TRUST	AREA CODE/PHONE (213) 228-1728	BANK ACCOUNT NUMBER 5797614681		
ADDRESS	CITY LOS ANGELES	STATE CA	ZIP CODE 90071	

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
HOSPITAL BOND MEASURE - MEASURE AV	ANTELOPE VALLEY HEALTHCARE DISTRICT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM **410**

Page 3 of 3

COMMITTEE NAME
NO ON MEASURE AV - ANTELOPE VALLEY DOCTORS, NURSES AND TAXPAYERS AGAINST UNNECESSARY TAXES, SPONSORED BY PALMDALE REGIONAL
MEDICAL CENTER

I.D. NUMBER

1423979

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

PALMDALE REGIONAL MEDICAL CENTER

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

HEALTHCARE

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

38600 MEDICAL CENTER DR.

PALMDALE

CA

93551

(661) 382-5000

Small Contributor Committee

_____/_____/_____
Date qualified

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.