

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

2/1/2021 PM

Date Stamp <b>RECEIVED BY LOS ANGELES COUN</b>	<b>CALIFORNIA FORM 460</b>
021 FEB -2 PM 2: 1	Page <u>1</u> of <u>6</u>
<b>PROPOSITION B UNIT</b>	For Official Use Only <b>611279</b>

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>07/01/2020</u>	
through <u>12/31/2020</u>	

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

**2. Type of Statement:**

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

**3. Committee Information** *PROP AV*

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

NAME OF ASSISTANT TREASURER, IF ANY  
CARY DAVIDSON

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
LOS ANGELES CA 90071

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 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 01/25/2021  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

*SS*

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
-----------------------------------	-----------------------	---

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
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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	07/01/2020	
through		12/31/2020
Page		3 of 6
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

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ 0.00	\$ 233,700.00
2. Loans Received ..... <i>Schedule B, Line 3</i>	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ 0.00	\$ 233,700.00
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	0.00	30,000.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ 0.00	\$ 263,700.00

**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 ..... <i>Schedule E, Line 4</i>	\$ 2,219.50	\$ 210,178.44
7. Loans Made ..... <i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ 2,219.50	\$ 210,178.44
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	-297.43	40,688.57
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	0.00	30,000.00
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ 1,922.07	\$ 280,867.01

**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 ..... <i>Previous Summary Page, Line 16</i>	\$ 25,741.06
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	0.00
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	0.00
15. Cash Payments ..... <i>Column A, Line 8 above</i>	2,219.50
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 23,521.56

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ 40,688.57

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.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	12/31/2020	Page <u>4</u> of <u>6</u>
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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.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO	FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	1,258.50
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO	FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	961.00

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

**SUBTOTAL \$** 2,219.50

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,219.50
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>	2,219.50

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	Page 5 of 6
I.D. NUMBER		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

**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
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	13,025.00	0.00	0.00	13,025.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	12,500.00	0.00	0.00	12,500.00
PALMDALE REGIONAL MEDICAL CENTER PALMDALE, CA 93551	CNS	12,500.00	0.00	0.00	12,500.00
<b>SUBTOTALS \$</b>		<b>38,025.00\$</b>	<b>0.00\$</b>	<b>0.00\$</b>	<b>38,025.00</b>

**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.)	<b>INCURRED TOTALS \$</b>	663.57
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.)	<b>PAID TOTALS \$</b>	961.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	-297.43 <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		<b>CALIFORNIA FORM 460</b>
from	07/01/2020	
through	12/31/2020	Page <u>6</u> of <u>6</u>

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

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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, 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	0.00	2,000.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	961.00	0.00	961.00	0.00
REED & DAVIDSON, LLP LOS ANGELES, CA 90071	PRO FLORA YIN, TREASURER, AND CARY DAVIDSON, ASST. TREASURER, ARE PARTNERS OF REED & DAVIDSON, LLP	0.00	663.57	0.00	663.57
<b>SUBTOTALS \$</b>		<b>2,961.00 \$</b>	<b>663.57 \$</b>	<b>961.00 \$</b>	<b>2,663.57</b>