

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

(Government Code sections 84200-84216.5)

Type or print in ink.

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Amendment

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2024
through 6/30/2024

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

3/5/2024

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
7/25/24
2024 JUL 30 PM 2:48
CAMPAIGN FINANCE

CALIFORNIA
FORM **461**

Page 1 of 2

For Official Use Only

M11369

1. Name and Address of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)

HERITAGE MEDICAL

MAILING ADDRESS

(NO. AND STREET)

CITY

MARINA DEL REY

STATE

CA

ZIP CODE

90292

RESPONSIBLE OFFICER

(If filer is other than an individual)

Michael Hooper

AREA CODE/DAYTIME PHONE

(661) 631-1171

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

A FILER THAT 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
Healthcare

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.)..... \$16,000.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$0.00
3. Total expenditures and contributions made this period. (Add Lines 1 + 2..... **SUBTOTAL** \$16,000.00
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.)..... \$0.00
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... **TOTAL** \$16,000.00

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 7/19/2024

By _____

DATE

RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

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

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

Statement covers period from <u>1/1/2024</u> through <u>6/30/2024</u>	CALIFORNIA FORM 461
Page <u>2</u> of <u>2</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HERITAGE MEDICAL

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 AND ADDRESS 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 RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
1/10/2024	Nathan Hochman for LA District Attorney 2024 Los Angeles, CA 90071 1459571	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Nathan Hochman Office Description: Los Angeles District AttorneyJurisdiction: City Los Angeles Office Sought <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$6,000.00	\$6,000.00
3/1/2024	R. Rex Parris for Mayor 2024 Lancaster, CA 93534 1303441	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		R. Rex Parris Office Description: MayorJurisdiction: City City of Lancaster Office Held <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$10,000.00	\$10,000.00
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		

SUBTOTAL \$16,000.00