

497 Contribution Report

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

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CAMPAIGN FINANCE

NAME OF FILER Kristina Hong for AV Healthcare Board 2024		Date of This Filing 09/23/2024
AREA CODE/PHONE NUMBER (661) 209-4835	I.D. NUMBER (if applicable) 1389162	Report No. _____
STREET ADDRESS 7129 La Sarra Dr.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Lancaster	STATE CA	ZIP CODE 93536
		No. of Pages 3

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
8/19/24	Caesars Plaza LLC Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/28/24	Mousai Management Company, INC Chatsworth, CA 91311	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/29/24	Horizon Multicare Group Arcadia, CA 91006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000 <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

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9/9/24	AV Critical Care, INC Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/11/24	High Desert Medical Group Heritage Healthcare Lancaster, CA 93539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>
9/19/24	Young J Ko MD INC Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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8/6/24	Antelope Valley Cardiology Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/6/24	Pramod Kadambi, MD, INC Palmdale, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
8/11/24	Ponnamma Chenanda, MD, INC Palmdale, CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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