#### **497 Contribution Report**

## Type or print in ink.

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Amounts may be rounded to whole dollars. RECEIVED BY 497 CONTRIBUTION REPORT NAME OF FILER UJ AlDate Stamp UUU **CALIFORNIA** Date of 09/23/2024 Kristina Hong for AV Healthcare Board 2024 This Filing **FORM** 2024 SEP 23 PM 1: 2 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. (661) 209-4835 1389162 CAMPAIGN FINANCE STREET ADDRESS ☐ Amendment 7129 La Sarra Dr. to Report No. . (explain below) CITY STATE ZIP CODE 3 No. of Pages CA 93536 Lancaster 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT ENTER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Caesars Plaza LLC 8/19/24 10000 ☐ COM Irvine, CA 92618 ✓ OTH ☐ Check if Loan □ PTY ☐ SCC Provide interest rate Mousai Management Company, INC 8/28/24 10000 ☐ COM Chatsworth, CA 91311 X OTH ☐ Check if Loan □ PTY ☐ SCC Provide interest rate Horizon Multicare Group 3000 8/29/24 ☐ COM Arcadia, CA 91006 X OTH ☐ Check if Loan □ PTY □ scc Provide interest rate \*\*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party Reason for Amendment: \_\_\_ SCC - Small Contributor Committee

> FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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NAME OF FILER				Date of	00/02/0004	Date Stamp	CALIFORNIA 407
Kristina Hong for AV Healthcare Board 2024			This Filing _	09/23/2024		FORM 497	
AREA CODE/PHONE NUM	BER	I.D. NUMBER (if applica	ble)			1 OFB 23 TH 1	For Official Use Only
(661) 209-4835		1389162	k,	Report No	<u>/</u> U	AMPAIGN FINANCE	
STREET ADDRESS				☐ Amendme	nt C	AMPAIGNTIM	
7129 La Sarra Dr.				to Report No.			
CITY		STATE	ZIP CODE	(explain below)	3	i .	
Lancaster		CA	93536	No. of Pages			
1. Contribution	(s) Received			,			
DATE RECEIVED	FULL NAME	STREET ADDRESS A	ND ZIP CODE OF CONT ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BL	LOYER AMOUNT RECEIVED
9/9/24	AV Critical Care, II Lancaster, CA 935				☐ COM		5000
`.					OTH     PTY     SCC		Check if Loan
9/11/24	High Desert Medic Heritage Healthcar				☐ IND		5000
	Lancaster, CA 935	539			OTH PTY SCC		Check if Loan  Provide interest rate
9/19/24	Young J Ko MD IN	IC			□ IND		1000
	Lancaster, CA 935	534			☐ COM ☑ OTH ☐ PTY		☐ Check if Loan
					□ scc		Provide interest rate
Reason for Amendme	ent:	-	,			**Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributo	

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	<u>-</u>				RECEIVED RY	497 CONTRIBUTION REPORT
NAME OF FILER			Date of	09/23/2024	ANGE Pate Stamp UNIY	CALIFORNIA 497
	AV Healthcare Board 2024		This Filing	<del></del>		FORM 491
AREA CODE/PHONE NU	JMBER (# a	pplicable)	Donort No.	20	4 SEP 23 PM 1:25	For Official Use Only
(661) 209-4835	1389162		Report No		FRUVION LINA/HOL	
STREET ADDRESS			Amendme	nt U	AMPAIGN FINANCE	
		,	to Report No. (explain below)			
CITY	STAT		(explain below)  No. of Pages	3		
Lancaster	CA	93536	No. of Pages			
1. Contributio	n(s) Received					-
DATE RECEIVED	FULL NAME, STREET ADDRE	SS AND ZIP CODE OF CONT ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EME (IF SELF-EMPLOYED, ENTER NAME OF	PLOYER AMOUNT RECEIVED
8/6/24	Antelope Valley Cardiology			□ IND	,	,
	Languages CA 02524			СОМ		5000
	Lancaster, CA 93534			☑ OTH		☐ Check if Loan
				PTY ☐ SCC		%.
				□ scc		Provide interest rate
0.10.10.4	Pramod Kadambi, MD, INC			□IND	•	
8/6/24	Palmdale, CA 93551			☐ COM		2500
	Tamidale, OA 00001			⊠ OTH		☐ Check if Loan
				☐ PTY ☐ SCC		%
						Provide interest rate
8/11/24	Ponnamma Chenanda, MD, ING			☐ IND		2500
0/11/24	Palmdale, CA 93551			СОМ	ı	
	1	,		☑ OTH ☐ PTY		☐ Check if Loan
	~			scc		- %
						Provide Interest rate
					**Contributor Codes	-
					IND - Individual	
,				_	OTH - Other (e.g., bus	mittee (other than PTY or SCC) siness entity)
Reason for Amendo	nent:	1			PTY - Political Party SCC - Small Contribut	
					SCC - Small Contribut	or committee

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