t. a.		 	A-EIRS-12>		
Major Donor and Independent Expenditure Committee Campaign Statement (Government Code sections 84200-84216.5)	Type or p	print in ink.	MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT CALIFORNIA FORM LOS ANGELES COMMITTEE STATEMENT		
Amendment SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2023 through 6/30/2023	Date of election if applicable: (Month, Day, Year)	CAMPAIGN FINANCE MUSCONS		
CITY	D. AND STREET) TATE ZIP CODE	Unitemized expenditure contributions (including)	le dollars. ibutions 0 or more 5.)		
RESPONSIBLE OFFICER (If filer is other than an individual) Michael Hooper	REA CODE/DAYTIME PHONE 61) 631-1171 e each applicable section.) AND BUSINESS INTERESTS	 3. Total expenditures and made this period. (Add 4. Total expenditures and made from prior statem amount from Line 5 of la filed. If this is the first statem. 	contributions Lines 1 + 2 SUBTOTAL \$4,500.00 contributions ent. (Enter ast statement tatement for		
NAME OF EMPLOYER/BUSINESS ADDRESS OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	5. Total expenditures and (including loans) made January 1 of the current	since		
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINE ENGAGED Healthcare A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DE A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST PROVIDE A SPECIFIC DE	SCRIPTION OF ITS INTERESTS	reviewed the statement and contained herein is true and	diligence in preparing this statement. I have do not to the best of my knowledge the information documents. I certify under penalty of perjury under information that the foregoing is true and correct. By		

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.

Amounts may be rounded to whole dollars.

	MAJOR DO	NOR COMMITTEE	STATEMEN
	Statement covers period	CALIFORNIA	161
	from1/1/2023	FORM	40 I
ı	through 6/30/2023	Page 2	of 2

INDEPENDENT EXPENDITURE COMMITTEE AND

EE	INST	RUC	TIONS	ON	REV	ERS

NAME OF FILER HERITAGE MEDICAL

5.	Contributions	(including Loans,	Forgiveness of L	oans, and Loan	Guarantees) an	nd Expenditures Made
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(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
4/3/2023	Kathryn Barger for Supervisor 2024 Los Angeles, CA 90071 1456528	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Kathyryn Barber Office Description: Los Angeles County Board of Supervisors Jurisdiction: County Los Angeles County Office Held Support Oppose	\$1,500.00	\$1,500.00
5/9/2023	Nathan Hochman for District Attorney Los Angeles, CA 90071 1459571	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Nathan Hochman Office Description: Los Angeles District AttorneyJurisdiction: City Los Angeles Office Sought Support Oppose	\$3,000.00	\$3,000.00
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
SUBTOTAL \$4,500.00						

FPPC Form 461 (8/99) For Technical Assistance: 916/322-5660