

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
01/29/2024

**CALIFORNIA 460
FORM**

RECEIVED BY
LOS ANGELES COUNTY
2024 JAN 30 AM 11:16
CAMPAIGN FINANCE

Page 1 of 7

For Official Use Only
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Statement covers period
from 07/01/23
through 12/31/23

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1451751

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Doddanna Krishna for Hospital Board 2022

STREET ADDRESS (NO P.O. BOX)

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lancaster</u> | <u>CA</u> | <u>93534</u> | <u>661-400-8000</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Debby Nickols

MAILING ADDRESS

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lancaster</u> | <u>CA</u> | <u>93534</u> | <u>661-492-3943</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

dnickols7@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 fore

| | | |
|---------------------------------------|---|--|
| Executed on <u>01/26/2024</u> Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent | _____ ant Treasurer |
| Executed on <u>01/26/2024</u> Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent | _____ Proponent or Responsible Officer of Sponsor |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent | |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent | |

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Dr. Krishna for Hospital Board 2022

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Antelope Valley Healthcare District Board Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Lancaster CA 93534

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

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 |
|-----------------------|---------------------|

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 |
| 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 |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>7</u> |
| | I.D. NUMBER 1451751 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Krishna for Hospital Board 2022

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0 | \$ 0 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 52000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 0 | \$ 0 |

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..... Schedule E, Line 4 | \$ 18.00 | \$ 45.00 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 18.00 | \$ 45.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 8000.00 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 18.00 | \$ 8045.00 |

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..... Previous Summary Page, Line 16 | \$ 5947.84 |
| 13. Cash Receipts..... Column A, Line 3 above | 0 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 790.70 |
| 15. Cash Payments..... Column A, Line 8 above | 18.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 6720.54 |

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

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 60000.00 |

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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr. Krishna for Hospital Board 2022

I.D. NUMBER

1451751

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Doddanna Krishna M.D., A Prof Corp A.V. Pulmonary Associates Lancaster CA 93534 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 12000.00 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 12000.00 DATE DUE | 0 % RATE | \$ 12000.00 08/22/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Doddanna Krishna M.D., A Prof Corp A.V. Pulmonary Associates Lancaster CA 93534 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 30000.00 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 30000.00 DATE DUE | 0 % RATE | \$ 30000.00 08/29/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| Doddanna Krishna M.D., A Prof Corp A.V. Pulmonary Associates Lancaster CA 93534 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 10000.00 | \$ 0 | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ 10000.00 DATE DUE | 0 % RATE | \$ 10000.00 09/07/22 DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 0 | \$ | \$ | \$ 52000.00 | \$ | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

| | |
|--|--|
| 1. Loans received this period \$ 0 (Total Column (b) plus unitemized loans of less than \$100.) | |
| 2. Loans paid or forgiven this period \$ 0 (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) | |
| 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0 Enter the net here and on the Summary Page, Column A, Line 2. | |

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dr. Krishna for Hospital Board 2022

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

- | | | |
|---|-----------------|-------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | _____ |
| 2. Unitemized payments made this period of under \$100..... | \$ | 18.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 18.00 |

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

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/23</u> through <u>12/31/23</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dr. Krishna for Hospital Board 2022

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 |
|--|--------------------------------|---|------------------------------------|--|--|
| Doddanna Krishna Lancaster CA 93534 | FIL | 8000.00 | 0 | 0 | 8000.00 |
| | | | | | |
| | | | | | |

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

SUBTOTALS \$ 8000.00 \$ 0 \$ 0 \$ 8000.00

Schedule F Summary

- 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.) **INCURRED TOTALS \$ 8000.00**
- 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.) **PAID TOTALS \$ 0**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 8000.00**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 07/01/2023
through 12/31/2023

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FORM 460**

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SEE INSTRUCTIONS ON REVERSE

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Dr. Krishna for Hospital Board 2022

I.D. NUMBER

1451751

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|---|----------------------------|
| 11/08/2023 | County of Los Angeles Los Angeles, CA 90012 | Misc-Refunds Pmt Ref Number: RF-AC-SDR32491254 Auditor Controller's Special Warrant | 790.70 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

| | |
|---|------------------------|
| 1. Itemized increases to cash this period. | \$ 790.70 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ 0 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ 0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ 790.70 |

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov