Major Donor and Independent Expenditure Committee Date Stamp CALIFORNIA Campaign Statement RECEIVED BY OS ANGELES COUNTY Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only Nov ZZ. SEE INSTRUCTIONS ON REVERSE CAMPAIGN FINANCE Name and Address of Filer 3. Summary NAME OF FILER (Amounts may be rounded to whole dollars.) Denise Wilson Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.).....\$ 17,500 RESIDENTIAL OR MAILING ADDRESS (NO, AND STREET) Uniterrized expenditures and contributions (including loans) under STATE ZIP CODE \$100 made this period.....\$___ 90277 3. Total expenditures and contributions RESPONSIBLE OFFICER AREA CODE/DAYTIME PHONE made this period. (Add Lines 1 + 2.).....SUBTOTAL \$____ (If filer is other than an individual) 213-216-2960 4. Total expenditures and contributions made from prior statement. (Enter 2. Nature and Interests of Filer (Complete each applicable section.) amount from Line 5 of last statement A FILER WHO 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 filed. If this is the first statement for the calendar year, enter zero.)......\$_ NAME OF EMPLOYER/BUSINESS **BUSINESS INTERESTS** Total expenditures and contributions Healthcare Ramat Medical (including loans) made since ADDRESS OF EMPLOYER/BUSINESS January 1 of the current calendar year. -A CA 90019 A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS 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 A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS the laws of the State of California that the foregoing is true and correct. A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE SIGNATURE OF INDIVIDUAL DONOR OR COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain): ___

FPPC Form 461 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

statement covers period from 10/15/22 CALIFORNIA 461
through 12/31/22 Page of

SEE INSTRUCTIONS ON REVERSE					through 12/31/22 Page_		of
NAME OF FIL	ER						<i>'</i>
	ibutions (Including Loans, Forgiver ace is needed, use additional copies of this page for continuation she		, and Loan Guara	antees) ar	nd Expenditures	Made	
DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	MEASURE	OATE AND OFFICE, AND JURISDICTION, COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/15/22	Alliance to End Homeless, in support of Bob Heitzberg for LA County supervisor 2022	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Credit card Amencican Express	Bob TE County	Hertzberg Committee Supervisorts out Oppose	12,500 ==	Nov 8th ZOZZ
	COUPTY SUPERVISON 2012	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Supp			
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Suppo	ort 🗖 Oppose		
	-	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Supp	ort 🔲 Oppose		
SUBTOTAL \$							12,500