

**Major Donor and Independent Expenditure Committee Campaign Statement**

Date Stamp  
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 LOS ANGELES COU  
 2022 JUL 29 PM 4:10  
 CAMPAIGN FINANCE

CALIFORNIA FORM **461**

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For Official Use Only  
**M19628**

Statement covers period  
 from 01/01/2022  
 through 06/30/2022

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

SEE INSTRUCTIONS ON REVERSE

**1. Name and Address of Filer**

NAME OF FILER  
 AIDS HEALTHCARE FOUNDATION

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE  
 LOS ANGELES CA 91364

RESPONSIBLE OFFICER (If filer is other than an individual)  
 BRADLEY W. HERTZ

AREA CODE/DAYTIME PHONE  
 (415) 732-7700

**2. Nature and Interests of Filer** (Complete each applicable section.)

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

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED  
 PUBLIC HEALTH NON-PROFIT

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

**3. Summary**  
 (Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) ..... \$ 210,000.00

2. Unitemized expenditures and contributions (including loans) under \$100 made this period. .... \$ 0.00

3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) ..... **SUBTOTAL** \$ 210,000.00

4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) ..... \$ 0.00

5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) ..... **TOTAL** \$ 210,000.00

**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 the laws of the State of California

Executed on 7/22/22  
 DATE

Amendment (Explain): \_\_\_\_\_

**Major Donor and  
Independent Expenditure Committee  
Campaign Statement**

Amounts may be rounded  
to whole dollars.

Statement covers period	<b>CALIFORNIA FORM 461</b>
from 01/01/2022	
through 06/30/2022	Page 2 of 2

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NAME OF FILER

AIDS HEALTHCARE FOUNDATION

**5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made**

(If more space is needed, use additional copies of this page for continuation sheets.)

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)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/04/2022	PASADENA TENANT JUSTICE COALITION (ID# 1426202)  PASADENA, CA 91101  SOURCE OF NON-DONOR FUNDS: NET ASSETS OF AIDS HEALTHCARE FOUNDATION	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		GENERAL PURPOSE COMMITTEE  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	35,000.00	35,000.00
03/21/2022	REAL SOLUTIONS FOR A BETTER LOS ANGELES SPONSORED BY AIDS HEALTHCARE FOUNDATION (ID# 1447145)  LOS ANGELES, CA 90024  SOURCE OF NON-DONOR FUNDS: NET ASSETS OF AIDS HEALTHCARE FOUNDATION	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		HOMELESSNESS AND PUBLIC ENCAMPMENTS Measure: TBD CITY OF LOS ANGELES  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	100,000.00	100,000.00
04/06/2022	CITIZENS FOR A BETTER LOS ANGELES 2022, SPONSORED BY UNITE HERE LOCAL 11 (ID# 1443893)  LOS ANGELES, CA 90017  SOURCE OF NON-DONOR FUNDS: NET ASSETS OF AIDS HEALTHCARE FOUNDATION	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		PRIMARILY FORMED COMMITTEE RESPONSIBLE HOTEL AND AND WORKER PROTECTION ORDINANCE Measure: TBD CITY OF LOS ANGELES  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	25,000.00	25,000.00
06/30/2022	AFFORDABLE PASADENA (ID# 1448403)  PASADENA, CA 91104  SOURCE OF NON-DONOR FUNDS: NET ASSETS OF AIDS HEALTHCARE FOUNDATION	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		AN INITIATIVE TO IMPOSE RENT CONTROL, CREATE A RENTAL HOUSING BOARD, AND ESTABLISH JUST CAUSE EVICTION CRITERIA IN PASADENA Measure: TBD CITY OF PASADENA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	50,000.00	50,000.00
<b>SUBTOTAL \$</b>					210,000.00	