

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

5722

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 JAN 31 PM 2:50 CAMPAIGN FINANCE	CALIFORNIA FORM 461
	Page <u>1</u> of <u>2</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2022

through 06/30/2022

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

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.)

- Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 160,000.00
- Unitemized expenditures and contributions (including loans) under \$100 made this period. \$ 0.00
- Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 160,000.00
- 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
- Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) **TOTAL** \$ 160,000.00

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 that the foregoing is true and correct.

Executed on 01/27/2023 |
DATE

BRADLEY W. HERTZ

Amendment (Explain): UPDATE PARTS 3 AND 5

Major Donor and Independent Expenditure Committee Campaign Statement

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Amounts may be rounded to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE

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 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 checked="" type="checkbox"/> Support <input 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		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
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		 <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
SUBTOTAL \$					160,000.00	