

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

|                                                                                                                                                         |  |  |                                              |  |                                                                                                                                                                                                                                                        |  |                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|
| <b>NAME OF FILER</b><br>California Hospitals Committee on Issues, (CHCI) Sponsored by<br>California Association of Hospitals and Health Systems (CAHHS) |  |  | <b>Date of This Filing</b> <u>07/08/2022</u> |  | <b>Date Stamp</b><br><br><div style="border: 1px solid red; padding: 5px; text-align: center; color: red;">           E-Filed<br/>           07/08/2022<br/>           16:02:21<br/><br/>           Filing ID:<br/>           204126162         </div> |  | <b>CALIFORNIA FORM 496</b> |  |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)443-7401                                                                                                          |  |  | <b>I.D. NUMBER (if applicable)</b><br>880212 |  | <b>Report No.</b> <u>Culver-04</u><br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small><br><br><b>No. of Pages</b> <u>7</u>                                                                          |  | For Official Use Only      |  |
| <b>STREET ADDRESS</b><br><br>                                                                                                                           |  |  |                                              |  |                                                                                                                                                                                                                                                        |  |                            |  |
| <b>CITY</b> <u>Sacramento</u>                                                                                                                           |  |  | <b>STATE</b> <u>CA</u>                       |  |                                                                                                                                                                                                                                                        |  |                            |  |
| <b>ZIP CODE</b> <u>95814</u>                                                                                                                            |  |  |                                              |  |                                                                                                                                                                                                                                                        |  |                            |  |

## 1. List Only One Candidate or Ballot Measure

|                                               |                     |                |               |                                                                                                 |                                            |                |                                                           |
|-----------------------------------------------|---------------------|----------------|---------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|-----------------------------------------------------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> |                     |                |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b><br>Healthcare Workers Minimum Wage Ordinance |                                            |                |                                                           |
| <b>OFFICE SOUGHT OR HELD</b>                  | <b>DISTRICT NO.</b> | <b>SUPPORT</b> | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b><br>N/A                                                                 | <b>JURISDICTION</b><br>City of Culver City | <b>SUPPORT</b> | <b>OPPOSE</b><br><div style="text-align: center;">X</div> |

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE       | DESCRIPTION OF EXPENDITURE                 | AMOUNT    |
|------------|--------------------------------------------|-----------|
| 06/27/2022 | WEB<br>Cumulative to date total \$69926.81 | 3,158.40  |
| 06/29/2022 | WEB<br>Cumulative to date total \$69926.81 | 13,687.50 |
| 07/01/2022 | CNS<br>Cumulative to date total \$69926.81 | 3,500.00  |
| 07/01/2022 | CNS<br>Cumulative to date total \$69926.81 | 5,000.00  |

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

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|                                                                                                                                                         |                                              |                                                                                  |                                |                                                     |
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| <b>AREA CODE/PHONE NUMBER</b><br>(916)443-7401                                                                                                          | <b>I.D. NUMBER (if applicable)</b><br>880212 | <b>Report No.</b> <u>Culver-04</u>                                               |                                |                                                     |
| <b>STREET ADDRESS</b><br><br>                                                                                                                           |                                              | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                |                                                     |
| <b>CITY</b><br>Sacramento                                                                                                                               | <b>STATE</b><br>CA                           | <b>ZIP CODE</b><br>95814                                                         |                                |                                                     |

## 1. List Only One Candidate or Ballot Measure

|                                                       |                             |                        |                       |                                                                                                 |                                            |                        |                    |
|-------------------------------------------------------|-----------------------------|------------------------|-----------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|--------------------|
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| <b>OFFICE SOUGHT OR HELD</b><br><br>                  | <b>DISTRICT NO.</b><br><br> | <b>SUPPORT</b><br><br> | <b>OPPOSE</b><br><br> | <b>BALLOT NO./LETTER</b><br>N/A                                                                 | <b>JURISDICTION</b><br>City of Culver City | <b>SUPPORT</b><br><br> | <b>OPPOSE</b><br>X |

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

| DATE       | DESCRIPTION OF EXPENDITURE                 | AMOUNT    |
|------------|--------------------------------------------|-----------|
| 07/01/2022 | CNS<br>Cumulative to date total \$69926.81 | 10,000.00 |
|            |                                            |           |
|            |                                            |           |
|            |                                            |           |
|            |                                            |           |
|            |                                            |           |

Reason for Amendment: \_\_\_\_\_

\_\_\_\_\_

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**FORM** **496**

NAME OF FILER  
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I.D. NUMBER (If applicable)

880212

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE **                                                                                                                                                     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 06/09/2022    | AHMC Healthcare, Inc.<br>Alhambra, CA 91801                                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 62,763.20       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Ballard Rehabilitation Hospital<br>San Bernardino, CA 92411                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,441.72        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Barlow Respiratory Hospital<br>Los Angeles, CA 90026                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 4,996.34        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Beverly Community Hospital Association dba Beverly Hospital<br>Montebello, CA 90640             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 12,861.42       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Casa Colina Hospital and Centers for Healthcare<br>Pomona, CA 91767                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 3,914.36        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | College Health Enterprises<br>Cerritos, CA 90703                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 16,738.15       | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND – Individual  
COM – Recipient Committee (other than PTY or SCC)  
OTH – Other  
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FPPC Form 496 (Feb/2019)

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| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE **                                                                                                                                                     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 06/09/2022    | Doctors Hospital of West Covina - West Covina Medical Center<br>West Covina, CA 91790           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 3,449.19        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Encompass Health Rehabilitation Hospital of Murrieta<br>Murrieta, CA 92563                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 8,903.95        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Encompass Health Rehabilitation Hospital of Tustin<br>Tustin, CA 92780                          | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,627.36        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Gateways Hospital and Mental Health Center<br>Los Angeles, CA 90026                             | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 2,395.66        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Hollywood Presbyterian Medical Center<br>Los Angeles, CA 90027                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 18,841.76       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | KPC Health<br>Santa Ana, CA 92705                                                               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 33,622.88       | If loan,<br>enter interest rate, if any<br>_____% |

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|---------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 06/09/2022    | Mission Community Hospital<br>Panorama City, CA 91402                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 5,946.05        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Oroville Hospital<br>Oroville, CA 95966                                                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 3,224.74        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Pacific Grove Hospital<br>Riverside, CA 92506                                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,448.62        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Pacifica Hospital of the Valley<br>Sun Valley, CA 91352                                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 6,162.57        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Pipeline Los Angeles<br>El Segundo, CA 90245                                                    | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 14,663.38       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Prime Healthcare Services, Inc.<br>Ontario, CA 91761                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 148,328.54      | If loan,<br>enter interest rate, if any<br>_____% |

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|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 06/09/2022    | Prospect Medical Holdings, Inc.<br>Los Angeles, CA 90034                                                                                                                            | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 30,204.90       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Providence<br>Irvine, CA 92612                                                                                                                                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 2,340.25        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Signature Healthcare Services, LLC (Soon K. Kim)<br>Corona, CA 92881                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 43,097.45       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Totally Kids Rehabilitation Hospital<br>Loma Linda, CA 92354                                                                                                                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 1,448.70        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Universal Health Services, Inc. and affiliated entities<br>Temecula, CA 92592<br>Through affiliate Corona Regional Medical Center<br>800 South Main Street Corona, CA 92882         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 7,374.58        | If loan,<br>enter interest rate, if any<br>_____% |
| 06/09/2022    | Universal Health Services, Inc. and affiliated entities<br>Temecula, CA 92592<br>Through affiliate Palmdale Regional Medical Center<br>38600 Medical Center Drive Palmdale CA 93551 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 8,768.79        | If loan,<br>enter interest rate, if any<br>_____% |

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|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 06/09/2022    | Valley Presbyterian Hospital<br>Van Nuys, CA 91409                                                                                                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 16,301.44       | If loan,<br>enter interest rate, if any<br>_____% |
| 06/15/2022    | California Association of Hospitals and Health Systems<br>Sacramento, CA 95814<br>multipurpose organization - source of nondonor funds: net rental income | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                               | 100,000.00      | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                                                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                                                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                                                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                                                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                                                                                           | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                               |                 | If loan,<br>enter interest rate, if any<br>_____% |

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