

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED  
LOS ANGELES COUNTY  
FEB 26 2024  
PM 2:59  
email 2/18/24  
CAMPAIGN FINANCE

CALIFORNIA FORM **460**

Page 1 of 3  
For Official Use Only

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

Date of election if applicable  
(Month, Day, Year) 11/30/2020

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  
*(Also file a Form 410 Termination)*
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
138962

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Kristina Hong for AV Hospital Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY Lancaster STATE CA ZIP CODE 93536 AREA CODE/PHONE 661-209-4835

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  
Kristina Hong

MAILING ADDRESS

CITY Lancaster STATE CA ZIP CODE 93536 AREA CODE/PHONE 661-209-4835

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 foregoing is true and correct.

Executed on 01/31/2024  
Date  
Executed on 01/31/2024  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u>	of <u>3</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Kristina Hong

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 93536

**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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2023</u> through <u>12/31/2023</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <b>138962</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kristina Hong for AV Hospital Board

**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	\$ 210
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 210
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 210

**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	\$ 0	\$ 210
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 210
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 210

**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	\$ 0
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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	\$ 0

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.