

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

SEE INSTRUCTIONS ON INVERSE

Statement covers period
from 07/01/2022
through 12/31/2022

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

RECEIVED
ANGELES
2023 FEB - 8
CAMPAIGN FINANCE

Date Stamp

CALIFORNIA FORM 461

COUNTY of 2
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For Official Use Only
PM 2:49

1. Name and Address of Filer

NAME OF FILER
Lee Samson

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
West Hollywood, CA 90069

RESPONSIBLE OFFICER (If filer is other than an individual) AREA CODE/DAYTIME PHONE
310-385-1006

3. Summary

(Amounts may be rounded to whole dollars.)

- 1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 500.00
- 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.) \$ 500.00
- 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.) \$ 19,500.00
- 5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.) \$ 20,000.00

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
SnF Management Healthcare
ADDRESS OF EMPLOYER/BUSINESS
9200 Sunset Boulevard Suite 700 West Hollywood, CA 90069
- A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED
- 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

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:

Executed On 02/07/2023 By _____
DATE RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain):
To include contribution made

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lee Samson

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 RECEIVED	FULL NAME, STREET ADDRESS 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
07/29/2022	Bob Hertzberg For Supervisor 2022 Sacramento, CA 95814 ID: 1443772	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Robert Hertzberg County Supervisor DISTRICT #: 03 JURISDICTION: Office Sought <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	500.00	2,000.00

SUBTOTAL \$ 500.00