

Major Donor and Independent Expenditure Committee Campaign Statement

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	01/01/2018
through	12/31/2018

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

11/06/2018

Date Stamp

Filed Date:
10/22/2018 04:56
PM

CALIFORNIA
FORM

461

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For Official Use Only

1. Name and Address of Filer

NAME OF FILER
The Health Trust

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
San Jose CA 95118

RESPONSIBLE OFFICER (If filer is other than an individual)
Mr. Todd Hansen

AREA CODE/DAYTIME PHONE

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

The Health Trust is a nonprofit public benefit corporation building health equity.

☐ 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.) \$ 30,000.00
- 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 \$ 30,000.00**
- 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 \$ 30,000.00**

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 10/22/2018 By _____
DATE

SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

☐ Amendment (Explain): _____

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to whole dollars.

Statement covers period		CALIFORNIA FORM 461
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through	12/31/2018	Page <u>2</u> of <u>2</u>

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The Health Trust

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 continua

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
10/17/2018	Committee for the Future of Santa Clara County - Yes on A ID#1408550 [REDACTED] San Jose CA 95120	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Yes on A for Affordable Housing A Santa Clara County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	5000.00	\$ <u>5,000.00</u>
10/18/2018	Yes on Measure V, Vote Affordable San Jose ID#1411222 [REDACTED] San Jose CA 95126	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Yes on Measure V, Vote Affordable San Jose V San Jose <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	25000.00	\$ <u>25,000.00</u>
		<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	0	\$ <u> </u>
		<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	0	\$ <u> </u>
SUBTOTAL \$					30,000.00	