

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met <u>03 / 19 / 22</u>	<input type="checkbox"/> Amendment Date qualification threshold met _____ / _____ / _____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____ / _____ / _____
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Date Stamp	CALIFORNIA FORM 410 For Official Use Only
CITY CLERK OFFICE 2022 APR -6 A 8:10	

1. Committee Information				I.D. Number	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				(if applicable)	NAME OF TREASURER			
Monterey Park for Better Healthcare, sponsored by Service Employees International Union - United Healthcare Workers West				Pending	Suzanne Jimenez			
STREET ADDRESS (NO P.O. BOX)					STREET ADDRESS (NO P.O. BOX)			
CITY				STATE	ZIP CODE	AREA CODE/PHONE		
Oakland				CA	94612	(510) 251-1250		
FULL MAILING ADDRESS (IF DIFFERENT)					NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)					STREET ADDRESS (NO P.O. BOX)			
jguard@kaufmanlegalgroup.com					CITY			
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)			
Alameda				City of Monterey Park	Suzanne Jimenez			
Attach additional information on appropriately labeled continuation sheets.					STREET ADDRESS (NO P.O. BOX)			
					CITY			
					STATE	ZIP CODE	AREA CODE/PHONE	
					CA	90017	(213) 452-6565	

3. Verification

I have used all reasonable diligence in preparing this 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 03/19/22 By Suzanne Jimenez
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Monterey Park for Better Healthcare, sponsored by Service Employees International Union - United Healthcare Workers West	I.O. NUMBER Pending
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION N/A - Committee will only receive nonmonetary contributions.	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Healthcare Workers Minimum Wage Ordinance	City of Monterey Park	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Monterey Park for Better Healthcare, sponsored by Service Employees International Union - United Healthcare Workers West

I.D. NUMBER
Pending

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
Service Employees International Union - United Healthcare Workers West		Labor Organization			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Oakland	CA	94612	(510) 251-1250

Small Contributor Committee _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	(510) 251-1250	Los Angeles	CA	90017	(213) 452-6565				
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								CITY STATE ZIP CODE AREA CODE/PHONE			
								Los Angeles CA 90017 (213) 452-6565			

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