

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

CITY CLERK OFFICE

Statement covers period
from 01/01/2022
through 3/31/2022

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

2022 MAY -3 A 10:08

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)
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1446986

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Monterey Park for Better Healthcare, Sponsored by Service Employees
International Union - United Healthcare Workers West

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Oakland CA 94612 (510) 251 - 1250

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90017 (213)452-6565

OPTIONAL FAX / E-MAIL ADDRESS

iguard@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Suzanne Jimenez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90017 (213)452-6565

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 5/2/2022
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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?
 YES 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?
 YES 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

Healthcare Workers Minimum Wage Ordinance

BALLOT NO. OR LETTER JURISDICTION

City of Monterey Park

SUPPORT
 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2022</u> through <u>3/31/2022</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Monterey Park for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West	I.D. NUMBER 1446986
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Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2	\$0.00	\$0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$89,417.92	\$89,417.92
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$89,417.92	\$89,417.92

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$0.00	\$0.00
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$0.00	\$0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$89,417.92	\$89,417.92
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$89,417.92	\$89,417.92

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *	
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yyyy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$0.00
13. Cash Receipts..... Column A, Line 3 above	\$0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$0.00
15. Cash Payments..... Column A, Line 8 above	\$0.00
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$0.00
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$0.00
19. Outstanding Debts..... Add Line 2+Line 9 in Column B above	\$0.00

*Amounts in this section may be different from amounts reported in schedule B.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	1/1/2022	
through	3/31/2022	Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Monterey Park for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West

I.D. NUMBER
1446986

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/19/2022	SEIU United Healthcare Workers West Political Issues Committee Oakland, CA 94612-1602 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses	\$83,647.76	\$83,647.76	
03/19/2022	Service Employees International Union, United Healthcare Workers West Oakland, CA 94612-1602 ID: 1373047	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Field Program Expenses	\$5,770.16	\$5,770.16	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$89,417.92

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$89,417.92

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$89,417.92

*Contributor Codes
IND- Individual
COM- Recipient Committee (other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov