

1446986

Monterey Park

Statement of Organization Recipient Committee

Statement Type

Initial [checked] Amendment [ ] Termination [ ]
Not yet qualified or Date qualification threshold met
Date qualification threshold met Date of termination

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1. Committee Information I.D. Number Pending
2. Treasurer and Other Principal Officers
NAME OF COMMITTEE: Monterey Park for Better Healthcare, sponsored by Service Employees International Union - United Healthcare Workers West
NAME OF TREASURER: Suzanne Jimenez
CITY: Los Angeles STATE: CA ZIP CODE: 90017 AREA CODE/PHONE: (213) 452-6565
CITY: Oakland STATE: CA ZIP CODE: 94612 AREA CODE/PHONE: (510) 251-1250
E-MAIL ADDRESS: jguard@kaufmanlegalgroup.com
CITY OF DOMICILE: Alameda JURISDICTION: City of Monterey Park
Attach additional information on appropriately labeled continuation sheets.

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 [Signature]
Executed on \_\_\_\_\_ By \_\_\_\_\_
Executed on \_\_\_\_\_ By \_\_\_\_\_
Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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

**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"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

Pending

COMMITTEE NAME

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

**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

Service Employees International Union - United Healthcare Workers West

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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.