

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
CITY CLERK OFFICE	Page <u>1</u> of <u>4</u>
2022 AUG -2 P 5:30	For Official Use Only
CITY OF MONTEREY PARK	

Statement covers period from <u>4/1/2022</u> through <u>6/30/2022</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input checked="" type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**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
<u>Oakland</u>	<u>CA</u>	<u>94612</u>	<u>(510) 251 - 1250</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213)452-6565</u>

OPTIONAL: FAX / E-MAIL ADDRESS

iguard@kaufmanlegalgroup.com

**Treasurer(s)**

NAME OF TREASURER

Suzanne Jimenez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213)452-6565</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 8/1/2022  
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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

Healthcare Workers Minimum Wage Ordinance

BALLOT NO. OR LETTER	JURISDICTION City of Monterey Park	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Attach continuation sheets if necessary**

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>4/1/2022</u> through <u>6/30/2022</u>	
Page <u>3</u> of <u>4</u>	I.D. NUMBER
	<u>1446986</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

**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	\$239,085.69	\$328,503.61
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$239,085.69	\$328,503.61

**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	\$239,085.69	\$328,503.61
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$239,085.69	\$328,503.61

**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).

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

**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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>4/1/2022</u> through <u>6/30/2022</u>	
Page <u>4</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

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)
04/01/2022	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	\$229,561.41	\$313,209.17	
04/01/2022	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	\$9,524.28	\$15,294.44	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$239,085.69

**Schedule C Summary**

1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$239,085.69
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.).....	<b>TOTAL</b> \$239,085.69

\*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



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ORIGIN ID: JBPA (213) 452-6565  
KAUFMAN LEGAL GROUP

SHIP DATE: 01AUG22  
ACTWGT: 1.00 LB  
CAD: 5952691/NET4490

777 S. FIGUEROA STREET, SUITE 4050

BILL SENDER

LOS ANGELES, CA 90017  
UNITED STATES US

TO CITY CLERK OF MONTEREY PARK

320 W. NEWMARK AVENUE

MONTEREY PARK CA 91754

(213) 452-6565

REF: SEE ATTACHED

INV:

PO:

DEPT:

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FedEx Ship Manager - Print Your Label(s)



FedEx Express



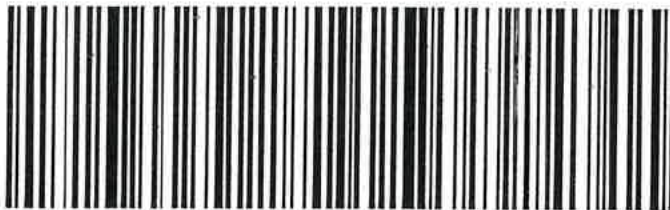
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STANDARD OVERNIGHT

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8/1/22, 11:00 AM

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