

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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CITY OF MONTEREY PARK

CALIFORNIA 460
2001/02
FORM
Page 1 of 4
For Official Use Only

Statement covers period
from 10/1/23
through 12/31/23

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

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)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 (Also Complete Part 6)

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)
560 Thomas L Berkley Way

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
pcdfilings@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

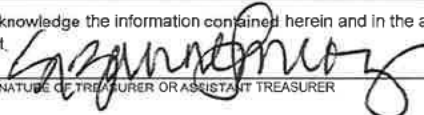
CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

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 1/31/24

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

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

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

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

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<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
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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/1/2023 through 12/31/2023	CALIFORNIA FORM 460
	Page 3 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
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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	\$50.00	\$50.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$50.00	\$50.00

**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	\$50.00	\$50.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$50.00	\$50.00

**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	CALIFORNIA FORM 460
from <u>10/1/2023</u> through <u>12/31/2023</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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$0.00
2. Amount received this period -unitemized nonmonetary contributions of less than \$100.....	\$50.00
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 \$50.00

*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

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

SHIP DATE: 31JAN24
ACTWGT: 1.00 LB
CAD: 5952691/MNET4700

LOS ANGELES, CA 90017
UNITED STATES US

BILL SENDER

TO CITY CLERK OF MONTEREY PARK

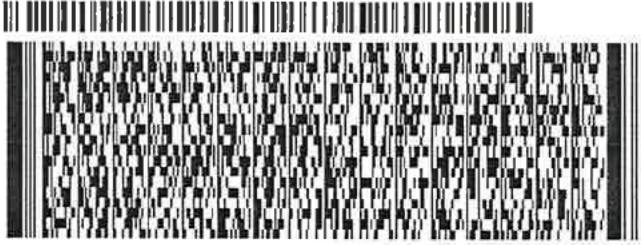
MONTEREY PARK CA 91754

(213) 452-6565
INV
PO

REF: SEE ATTACHED

DEPT:

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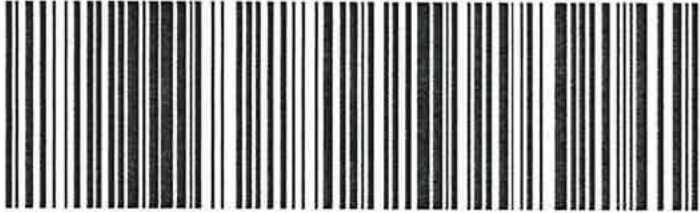
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