

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from 01/01/2022 through 03/31/2022	Date of election if applicable: (Month, Day, Year) _____	Date Stamp E-Filed 05/02/2022 17:32:43 Filing ID: 203677931	CALIFORNIA FORM 460 Page 1 of 4 For Official Use Only
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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
<i>(Also Complete Part 5)</i> | ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☒ Sponsored
<i>(Also Complete Part 6)</i> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

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
☐ Supplemental Preelection Statement - Attach Form 495 |
|--|--|

3. Committee Information

I.D. NUMBER
1447010

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

Culver City 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	

OPTIONAL: FAX / E-MAIL ADDRESS

(213) 452-6575 / jguard@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 05/02/2022
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By Suzanne Jimenez
Signature of Treasurer or Assistant Treasurer

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

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

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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COVER PAGE - PART 2

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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 Culver City	☒ SUPPORT ☐ 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
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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 01/01/2022 through 03/31/2022	CALIFORNIA FORM 460 Page 3 of 4 I.D. NUMBER 1447010
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Culver City 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	107,750.29	107,750.29
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 107,750.29	\$ 107,750.29

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

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	107,750.29	107,750.29
11. TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 107,750.29	\$ 107,750.29

Expenditure Limit Summary for State Candidates

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

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 Column B.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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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

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NAME OF FILER Culver City for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West		I.D. NUMBER 1447010

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 (ID# 991800) Oakland, CA 94612-1602	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		Field Program Expenses	104,559.70	104,559.70	
03/19/2022	Service Employees International Union, United Healthcare Workers West (ID# 1373047) Oakland, CA 94612-1602	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		Field Program Expenses	3,190.59	3,190.59	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 107,750.29

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 107,750.29
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 107,750.29

*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