

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee			Date of This Filing 08/03/2022	Date Stamp E-Filed 08/03/2022 16:35:21 Filing ID: 204364253	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510)251-1250	I.D. NUMBER (if applicable) 991800	Report No. 080322C			
STREET ADDRESS 			☐ Amendment to Report No. _____ (explain below)		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
03/19/2022	Culver City for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West (ID# 1447010) Oakland, CA 94612-1602	Healthcare Workers Minimum Wage Ordinance City of Culver City	104,559.70 Memo	
04/01/2022	Culver City for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West (ID# 1447010) Oakland, CA 94612-1602	Healthcare Workers Minimum Wage Ordinance City of Culver City	286,647.60 Memo	

Reason for Amendment: _____
