

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED MAY - 2 2024 CITY OF ANAHEIM OFFICE OF THE CITY CLERK	CALIFORNIA 2001/02 FORM Page 1 of 4 For Official Use Only
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Statement covers period
from 1/1/2024
through 3/31/2024

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.

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER

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

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

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

Treasurer(s)

NAME OF TREASURER
Gustavo Medina

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94612	

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 7/30/24 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By [Signature] 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
(866/276-3772)
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
 For-Profit Hospital Gross Receipts Tax Initiative

BALLOT NO. OR LETTER	JURISDICTION City of Anaheim	<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
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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	<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	CALIFORNIA FORM 460
from 1/1/2024	
through 3/31/2024	
Page 3 of 4	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER

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	\$106,704.45	\$106,704.45
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$106,704.45	\$106,704.45

**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	\$106,704.45	\$106,704.45
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$106,704.45	\$106,704.45

**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).

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

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

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>1/1/2024</u> through <u>3/31/2024</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>4</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Anaheim for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West

I.D. NUMBER

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)
02/15/2024	SEIU United Healthcare Workers - 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		PET	\$100,000.00	\$106,704.45	
02/21/2024	SEIU United Healthcare Workers - 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		PET	\$6,704.45	\$106,704.45	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$106,704.45

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$106,704.45

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.)..... TOTAL \$106,704.45

*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)
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