

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |  |                          |   |  |   |
|--|--|--------------------------|---|--|---|
| <b>NAME OF FILER</b><br>SEIU United Healthcare Workers West Political Issues Committee |  |                          | <b>Date of This Filing</b> <u>07/01/2024</u>  | Date Stamp<br><br>   | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b>  | <b>I.D. NUMBER (if applicable)</b><br>991800 |                          | <b>Report No.</b> <u>070124A</u>  | <b>RECEIVED:</b><br><b>July 1, 2024</b><br><b>CITY OF ANAHEIM</b><br><b>Office of the City Clerk</b> |   |
| <b>STREET ADDRESS</b>  |  |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |
| <b>CITY</b><br>Oakland   | <b>STATE</b><br>CA                           | <b>ZIP CODE</b><br>94612 | <b>No. of Pages</b> <u>2</u>  | 1 / 2  |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|---|--|--|-----------------|
|               | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |
|               | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |
|               | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |

\*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment: \_\_\_\_\_

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| <b>CITY</b>  | <b>STATE</b>                                 | <b>ZIP CODE</b>   |   |
|  |  | <b>No. of Pages</b> _____   | 2 / 2   |

## Late Contribution(s) Made

| DATE MADE      | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>  | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION   | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br><small>(IF APPLICABLE)</small> |
|----------------|--|--|------------------------|--|
| 06/18/2024<br> | Anaheim for Better Healthcare, Sponsored by Service Employees International Union - United Healthcare Workers West<br><br>Oakland CA 94612-1602<br>ID: 1468166 | For-Profit Hospital Gross Receipts Tax Initiative<br>City of Anaheim<br>Ballot:<br>Dist: | 544697.00              |  |
|                | ID:  | Ballot:<br>Dist:   |                        |  |
|                | ID:  | Ballot:<br>Dist:   |                        |  |
|                | ID:  | Ballot:<br>Dist:   |                        |  |

Reason for Amendment: \_\_\_\_\_