

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp RECEIVED APR 30 2024 Office of the City Clerk	CALIFORNIA 460 2001/02 FORM
	Page <u>1</u> of <u>5</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/2024</u> through <u>3/31/2024</u>	Date of election if applicable: (Month, Day, Year) _____
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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
(Also Complete Part 5) | <input checked="" type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |
| <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
(Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1468140

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Turlock 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	92868	(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
Gustavo Medina

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	92868	(510) 251-1250

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	<u>04/30/2024</u>
	DATE
Executed on	_____
	DATE
Executed on	_____
	DATE
Executed on	_____
	DATE

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

COVER PAGE-PART 2

CALIFORNIA
FORM 460

Page 2 of 5

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

For-Profit Hospital Gross Receipts Tax Initiative

BALLOT NO. OR LETTER

JURISDICTION

City of Turlock

☒ SUPPORT

☐ OPPOSE

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 ☐ 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	CALIFORNIA FORM 460
from 1/1/2024	Page 3 of 5
through 3/31/2024	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

I.D. NUMBER

1468140

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	\$41,875.07	\$41,875.07
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$41,875.07	\$41,875.07

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	\$41,875.07	\$41,875.07
11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10	\$41,875.07	\$41,875.07

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
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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	CALIFORNIA FORM 460
from 1/1/2024	Page 4 of 5
through 3/31/2024	

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

I.D. NUMBER
1468140

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 Newport Beach, CA 92660 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PET	\$33,000.00	\$41,875.07	
02/21/2024	SEIU United Healthcare Workers - Political Issues Committee Newport Beach, CA 92660 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PET	\$5,850.26	\$41,875.07	
03/13/2024	SEIU United Healthcare Workers - Political Issues Committee Newport Beach, CA 92660 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PET	\$2,974.81	\$41,875.07	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$41,825.07

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.)..... \$41,875.07

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 \$41,875.07

*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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www.fppc.ca.gov

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period	CALIFORNIA FORM 460
from 1/1/2024	Page 5 of 5
through 3/31/2024	

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

I.D. NUMBER

1468140

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)
03/26/2024	SEIU United Healthcare Workers - Political Issues Committee Newport Beach, CA 92660 ID: 991800	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFC	\$50.00	\$41,875.07	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

\$50.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....

\$41,875.07

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

\$41,875.07

*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

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2D_SEI3505.006 Turlock_043024A

Final Audit Report

2024-04-30

Created:	2024-04-30
By:	Evelyn Ma (evma@kaufmanlegalgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAKqPxHhf_Ctyn1pU1jJHbZJHlaAHqLQEZ

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-  Document created by Evelyn Ma (evma@kaufmanlegalgroup.com)
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-  Document emailed to Gustavo Medina (gmedina@seiu-uhw.org) for signature
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-  Document e-signed by Gustavo Medina (gmedina@seiu-uhw.org)
Signature Date: 2024-04-30 - 9:25:59 PM GMT - Time Source: server
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