

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp RECEIVED MAY 02 2024 Office of the City Clerk	CALIFORNIA 2001/02 FORM Page 1 of 5 For Official Use Only
	460

Statement covers period from 1/1/2024 through 3/31/2024	Date of election if applicable: (Month, Day, Year)
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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
(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

777 S Figueroa St Ste 4050

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 and belief, 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	4/30/24	By	
	DATE		
Executed on		By	
	DATE		
Executed on		By	
	DATE		
Executed on		By	
	DATE		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT	
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

FPPC Form 460 (Jan/2016)

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

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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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
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☐ YES ☐ NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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	<input type="checkbox"/> SUPPORT
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☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
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☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period

from 1/1/2024

through 3/31/2024

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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
from 1/1/2024
through 3/31/2024

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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

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

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Schedule C
Nonmonetary Contributions Received

. Amounts may be rounded
to whole dollars.

SCHEDULE C

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

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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