

07/08/2022 16:08 #911 P.001/007

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing <u>07/08/2022</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-7401	I.D. NUMBER (if applicable) 880212	Report No. <u>MontPK-04</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>7</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	Healthcare Workers Minimum Wage Ordinance	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				N/A	City of Monterey Park			X

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/27/2022	CNS Cumulative to date total \$58426.83	5,000.00
06/27/2022	WEB Cumulative to date total \$58426.83	3,158.40
06/29/2022	WEB Cumulative to date total \$58426.83	17,187.50
07/01/2022	CNS Cumulative to date total \$58426.83	3,500.00

Reason for Amendment: _____

#911 P.002/007

07/08/2022 16:09

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STREET ADDRESS CITY STATE ZIP CODE Sacramento CA 95814		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
		No. of Pages <u>7</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED OFFICE SOUGHT OR HELD DISTRICT NO. SUPPORT OPPOSE				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Healthcare Workers Minimum Wage Ordinance BALLOT NO./LETTER JURISDICTION SUPPORT OPPOSE N/A City of Monterey Park X			
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2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
07/01/2022	CNS Cumulative to date total \$58426.83	5,000.00

Reason for Amendment: _____

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NAME OF FILER
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I.D. NUMBER (if applicable)

880212

3. Contributions of \$100 or More Received*

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)	AMOUNT RECEIVED	INTEREST RATES
06/09/2022	AHMC Healthcare, Inc. Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		62,763.20	If loan, enter interest rate, if any _____ %
06/09/2022	Ballard Rehabilitation Hospital San Bernardino, CA 92411	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,441.72	If loan, enter interest rate, if any _____ %
06/09/2022	Barlow Respiratory Hospital Los Angeles, CA 90026	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,996.34	If loan, enter interest rate, if any _____ %
06/09/2022	Beverly Community Hospital Association dba Beverly Hospital Montebello, CA 90640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,861.42	If loan, enter interest rate, if any _____ %
06/09/2022	Casa Colina Hospital and Centers for Healthcare Pomona, CA 91767	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,924.36	If loan, enter interest rate, if any _____ %
06/09/2022	College Health Enterprises Cerritos, CA 90703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		16,738.15	If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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

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I.D. NUMBER (if applicable)
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06/09/2022	Doctors Hospital of West Covina - West Covina Medical Center West Covina, CA 91790	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,449.19	If loan, enter interest rate, if any _____ %
06/09/2022	Encompass Health Rehabilitation Hospital of Murrieta Murrieta, CA 92563	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,903.95	If loan, enter interest rate, if any _____ %
06/09/2022	Encompass Health Rehabilitation Hospital of Tustin Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,627.36	If loan, enter interest rate, if any _____ %
06/09/2022	Gateways Hospital and Mental Health Center Los Angeles, CA 90026	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,395.66	If loan, enter interest rate, if any _____ %
06/09/2022	Hollywood Presbyterian Medical Center Los Angeles, CA 90027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		18,841.76	If loan, enter interest rate, if any _____ %
06/09/2022	KPC Health Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		33,622.88	If loan, enter interest rate, if any _____ %

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06/09/2022	Mission Community Hospital Panorama City, CA 91402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,946.05	If loan, enter interest rate, if any _____ %
06/09/2022	Oroville Hospital Oroville, CA 95966	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,224.74	If loan, enter interest rate, if any _____ %
06/09/2022	Pacific Grove Hospital Riverside, CA 92506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,448.62	If loan, enter interest rate, if any _____ %
06/09/2022	Pacifica Hospital of the Valley Sun Valley, CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,162.57	If loan, enter interest rate, if any _____ %
06/09/2022	Pipeline Los Angeles El Segundo, CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		14,663.38	If loan, enter interest rate, if any _____ %
06/09/2022	Prime Healthcare Services, Inc. Ontario, CA 91761	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		148,328.54	If loan, enter interest rate, if any _____ %

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06/09/2022	Prospect Medical Holdings, Inc. Los Angeles, CA 90034	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,204.90	If loan, enter interest rate, if any _____ %
06/09/2022	Providence Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,340.25	If loan, enter interest rate, if any _____ %
06/09/2022	Signature Healthcare Services, LLC (Soon K. Kim) Corona, CA 92881	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		43,097.45	If loan, enter interest rate, if any _____ %
06/09/2022	Totaliv Kids Rehabilitation Hospital Loma Linda, CA 92354	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,448.70	If loan, enter interest rate, if any _____ %
06/09/2022	Universal Health Services, Inc. and affiliated entities Temecula, CA 92592 Through affiliate Corona Regional Medical Center Corona, CA 92882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,374.58	If loan, enter interest rate, if any _____ %
06/09/2022	Universal Health Services, Inc. and affiliated entities Temecula, CA 92592 Through affiliate Palmdale Regional Medical Center Palmdale CA 93551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		8,768.79	If loan, enter interest rate, if any _____ %

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06/09/2022	Valley Presbyterian Hospital Van Nuys, CA 91409	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		16,301.44	If loan, enter interest rate, if any _____ %
06/15/2022	California Association of Hospitals and Health Systems Sacramento, CA 95814 multipurpose organization - source of nondonor funds: net rental income	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

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