

ID # 145044

Statement of Organization Recipient Committee

Statement Type

Initial [X], Amendment [], Termination []
Not yet qualified or Date qualification threshold met [X]
Date qualification threshold met 07 / 25 / 2022

Date Stamp: CITY CLERK OFFICE, 2022 AUG -1 P 4:42, CITY OF MONTEREY PARK
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1. Committee Information I.D. Number (if applicable) Pending 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Monterey Park health care workers and providers against the unequal pay initiative, sponsored by the California Association of Hospitals and Health Systems
STREET ADDRESS (NO P.O. BOX)
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 442-7757
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): fppc@bmhlaw.com
COUNTY OF DOMICILE: Sacramento JURISDICTION WHERE COMMITTEE IS ACTIVE: Monterey Park

NAME OF TREASURER: Thomas W. Hiltachk
STREET ADDRESS (NO P.O. BOX)
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 442-7757
NAME OF ASSISTANT TREASURER, IF ANY: Ashlee N. Titus
STREET ADDRESS (NO P.O. BOX)
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 442-7757
NAME OF PRINCIPAL OFFICER(S): Carmela Coyle, President
STREET ADDRESS (NO P.O. BOX)
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: (916) 443-7933

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/25/2022 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on [] By [] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [] By [] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on [] By [] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Monterey Park health care workers and providers against the unequal pay initiative, sponsored by the California Association of Hospitals and Health Systems

I.D. NUMBER
Pending

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER		
ADDRESS	CITY Los Angeles	STATE CA	ZIP CODE 90071	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Healthcare Workers Minimum Wage Initiative	City of Monterey Park	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
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I.D. NUMBER

Pending

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

California Association of Hospitals and Health Systems

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Health

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Sacramento

CA

95814

(916) 443-7401

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.