

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

Statement covers period from 02/16/2020 through 06/30/2020

Date of election if applicable: (Month, Day, Year)

Page 1 of 53

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primary Formed
Controlled
Sponsored
Primary Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 991800

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Service Employees International Union United Healthcare Workers West Political Issues Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE Oakland CA 94612

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS (213) 452-6575 / jguard@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER Suzanne Jimenez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Los Angeles CA 90022 (323) 888-8253

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 DATE By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 53

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 to 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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> 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 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 <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 3 of 53
I.D. NUMBER		991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Service Employees International Union United Healthcare Workers West Political Issues Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$2,776,065.63	\$3,507,313.50
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$2,776,065.63	\$3,507,313.50
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$2,776,065.63	\$3,507,313.50

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$6,685,802.05	\$10,310,852.05
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$6,685,802.05	\$10,310,852.05
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$5,257.64	\$173,132.38
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$6,691,059.69	\$10,483,984.43

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$7,496,496.94	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).
13. Cash Receipts	Column A, Line 3 above	\$2,776,065.63	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$6,685,802.05	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$3,586,760.52	
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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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	\$173,132.38

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA FORM 460

Page 4 of 53

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. Number
991800

DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$2,776,065.63
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$2,776,065.63

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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 02/16/2020
through 06/30/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE _____	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE _____	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	_____ DATE DUE	_____ % RATE _____	_____ DATE INCURRED	CALENDAR YEAR PER ELECTION**

SUBTOTALS

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

**Schedule B - Part 2
Loan Guarantors**

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

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>53</u>
	I.D. Number 991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	

SUBTOTAL

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>53</u>
I.D. Number 991800	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

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)
6/29/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Fees Paid for by Sponsor	\$939.50	\$0.00	
6/29/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Expenses Paid for by Sponsor	\$102.90	\$0.00	
6/1/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Expenses Paid for by Sponsor	\$100.50	\$0.00	
6/1/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Fees Paid for by Sponsor	\$1,202.50	\$0.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$6,837.25

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$0.00
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 and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$0.00

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>53</u>
I.D. Number 991800	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

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)
4/15/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Fees Paid for by Sponsor	\$1,020.00	\$0.00	
4/15/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Expenses Paid for by Sponsor	\$130.50	\$0.00	
3/18/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Expenses Paid for by Sponsor	\$104.25	\$0.00	
3/18/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Fees Paid for by Sponsor	\$1,142.00	\$0.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>53</u>
	I.D. Number 991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

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)
2/19/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Fees Paid for by Sponsor	\$1,974.50	\$0.00	
2/19/2020	Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal & Treasury Expenses Paid for by Sponsor	\$120.60	\$0.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$6,837.25

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 02/16/2020
through 06/30/2020

SCHEDULE D

**CALIFORNIA
FORM 460**

Page 10 of 53

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/25/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAL	\$1,344.88	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/25/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	OFC	\$299.12	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/3/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAL	\$1,397.78	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$2,905,289.69
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$2,905,289.69

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 11 of 53
NAME OF FILER		I.D. NUMBER
Service Employees International Union United Healthcare Workers West Political Issues Committee		991800

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/3/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAL	\$1,458.57	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/3/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	OFC	\$149.56	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/25/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	SAL	\$607.73	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/18/2020	Protect the Lives of Dialysis Patients Act Ballot Number or Letter: 23 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000,000.00	\$5,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 12 of 53

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/3/2020	Antelope Valley Healthcare District Bond Ballot Number or Letter: AV Jurisdiction: Antelope Valley Healthcare District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	PHO	\$32.05	\$5,289.69	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/4/2020	Protect the Lives of Dialysis Patients Act Ballot Number or Letter: 23 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,200,000.00	\$5,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/20/2020	Protect the Lives of Dialysis Patients Act Ballot Number or Letter: 23 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500,000.00	\$5,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
6/12/2020	Protect the Lives of Dialysis Patients Act Ballot Number or Letter: 23 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$200,000.00	\$5,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$2,905,289.69

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 13 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yes on 23 - Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 Committee ID: 1398274	CTB		\$1,000,000.00
Yes on 23 - Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 Committee ID: 1398274	CTB		\$1,200,000.00
Yes on 23 - Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 Committee ID: 1398274	CTB		\$500,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$6,685,770.00
2. Unitemized payments made this period of under \$100.	\$32.05
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$6,685,802.05

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 14 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yes on 23 - Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 Committee ID: 1398274	CTB		\$200,000.00
Arizonans Fed Up with Failing Healthcare (Healthcare Rising AZ) Tempe, AZ 85283-1039		Out of State Contribution	\$250,000.00
Arizonans Fed Up with Failing Healthcare (Healthcare Rising AZ) Tempe, AZ 85283-1039		Out of State Contribution	\$500,000.00
Arizonans Fed Up with Failing Healthcare (Healthcare Rising AZ) Tempe, AZ 85283-1039		Out of State Contribution	\$1,250,000.00
Arizonans Fed Up with Failing Healthcare (Healthcare Rising AZ) Tempe, AZ 85283-1039		Out of State Contribution	\$1,500,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 15 of 53
I.D. NUMBER		991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039			Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039			Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039			Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039			Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039			Out of State Contribution Transfer	\$35,715.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 02/16/2020
through 06/30/2020

**CALIFORNIA
FORM 460**

Page 16 of 53

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039		Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039		Out of State Contribution Transfer	\$35,715.00
Healthcare Rising AZ (SEIU-UHW) Tempe, AZ 85283-1039		Out of State Contribution Transfer	\$35,715.00
Secretary of State Sacramento, CA 95814-5701	OFC		\$50.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$6,685,770.00

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 17 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND FIL, California Safety Net Initiative, Support	\$2,000.00	\$0.00	\$0.00	\$2,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND FIL, Emeryville Healthcare Initiative, Support	\$200.00	\$0.00	\$0.00	\$200.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Palo Alto Healthcare Initiative, Support	\$100.00	\$0.00	\$0.00	\$100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$5,257.64
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$5,257.64
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 18 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND FIL, Pomona Healthcare Initiative, Support	\$200.00	\$0.00	\$0.00	\$200.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Watsonville Healthcare Initiative, Support	\$826.00	\$0.00	\$0.00	\$826.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND LIT, Watsonville Healthcare Initiative, Support	\$1,678.63	\$0.00	\$0.00	\$1,678.63
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Watsonville Healthcare Initiative, Support	\$6,000.00	\$0.00	\$0.00	\$6,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 19 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Watsonville Healthcare Initiative, Support	\$80.00	\$0.00	\$0.00	\$80.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND FIL, Watsonville Healthcare Initiative, Support	\$353.70	\$0.00	\$0.00	\$353.70
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PRT, Watsonville Healthcare Initiative, Support	\$736.10	\$0.00	\$0.00	\$736.10
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND WEB, Watsonville Healthcare Initiative, Support	\$3,475.00	\$0.00	\$0.00	\$3,475.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 20 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Watsonville Healthcare Initiative, Support	\$55.00	\$0.00	\$0.00	\$55.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Livermore Healthcare Initiative, Support	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Palo Alto Healthcare Initiative, Support	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Pleasanton Healthcare Initiative, Support	\$3,000.00	\$0.00	\$0.00	\$3,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 21 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND CNS, Redwood City Healthcare Initiative, Support	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND POL, Redwood City Healthcare Initiative, Support	\$6,400.00	\$0.00	\$0.00	\$6,400.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND POL, Pleasanton Healthcare Initiative, Support	\$6,400.00	\$0.00	\$0.00	\$6,400.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND POL, Palo Alto Healthcare Initiative, Support	\$6,400.00	\$0.00	\$0.00	\$6,400.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 22 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND POL, Livermore Healthcare Initiative, Support	\$6,400.00	\$0.00	\$0.00	\$6,400.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND LIT, Palo Alto Healthcare Initiative, Support	\$425.00	\$0.00	\$0.00	\$425.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND WEB, Watsonville Healthcare Initiative, Support	\$10,000.00	\$0.00	\$0.00	\$10,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PRT, Watsonville Healthcare Initiative, Support	\$1,398.00	\$0.00	\$0.00	\$1,398.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 23 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND WEB, Watsonville Healthcare Initiative, Support	\$36.88	\$0.00	\$0.00	\$36.88
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND RAD, Watsonville Healthcare Initiative, Support	\$3,235.00	\$0.00	\$0.00	\$3,235.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PET, Livermore Healthcare Initiative, Support	\$51.85	\$0.00	\$0.00	\$51.85
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PET, Pleasanton Healthcare Initiative, Support	\$51.85	\$0.00	\$0.00	\$51.85

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 24 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PET, Redwood City Healthcare Initiative, Support	\$51.85	\$0.00	\$0.00	\$51.85
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$5,068.88	\$0.00	\$0.00	\$5,068.88
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PET, Palo Alto Healthcare Initiative, Support	\$255.12	\$0.00	\$0.00	\$255.12
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND TRS, Palo Alto Healthcare Initiative, Support	\$25.15	\$0.00	\$0.00	\$25.15

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 25 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND TRS, Palo Alto Healthcare Initiative, Support	\$105.73	\$0.00	\$0.00	\$105.73
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PRT, Palo Alto Healthcare Initiative, Support	\$1,437.60	\$0.00	\$0.00	\$1,437.60
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$14,250.00	\$0.00	\$0.00	\$14,250.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$9,625.00	\$0.00	\$0.00	\$9,625.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 26 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$956.25	\$0.00	\$0.00	\$956.25
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$3,426.75	\$0.00	\$0.00	\$3,426.75
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$2,125.00	\$0.00	\$0.00	\$2,125.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$14,250.00	\$0.00	\$0.00	\$14,250.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 27 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$9,625.00	\$0.00	\$0.00	\$9,625.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$956.25	\$0.00	\$0.00	\$956.25
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$3,426.75	\$0.00	\$0.00	\$3,426.75
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$2,125.00	\$0.00	\$0.00	\$2,125.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 28 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$42.50	\$0.00	\$0.00	\$42.50
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$425.00	\$0.00	\$0.00	\$425.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$500.00	\$0.00	\$0.00	\$500.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$42.50	\$0.00	\$0.00	\$42.50

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 29 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$425.00	\$0.00	\$0.00	\$425.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$500.00	\$0.00	\$0.00	\$500.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 30 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$37.50	\$0.00	\$0.00	\$37.50
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$63.38	\$0.00	\$0.00	\$63.38
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 31 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$37.50	\$0.00	\$0.00	\$37.50
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$63.38	\$0.00	\$0.00	\$63.38
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 32 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 33 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 34 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 35 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 36 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 37 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 38 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 39 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 40 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 41 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 42 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 43 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 44 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 45 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Livermore Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Livermore Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Livermore Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 46 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Livermore Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$850.00	\$0.00	\$0.00	\$850.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Palo Alto Healthcare Initiative, Support	\$1,000.00	\$0.00	\$0.00	\$1,000.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	PHO	\$300.00	\$0.00	\$0.00	\$300.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 47 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND Field Expenses, Palo Alto Healthcare Initiative, Support	\$75.00	\$0.00	\$0.00	\$75.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Palo Alto Healthcare Initiative, Support	\$126.76	\$0.00	\$0.00	\$126.76
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND PHO, Palo Alto Healthcare Initiative, Support	\$300.00	\$0.00	\$0.00	\$300.00
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Measure AV, Support	\$0.00	\$1,344.88	\$0.00	\$1,344.88

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 48 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Measure AV, Support	\$0.00	\$299.12	\$0.00	\$299.12
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Measure AV, Support	\$0.00	\$1,397.78	\$0.00	\$1,397.78
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Measure AV, Support	\$0.00	\$1,458.57	\$0.00	\$1,458.57
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND OFC, Measure AV, Support	\$0.00	\$149.56	\$0.00	\$149.56

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	02/16/2020	
through	06/30/2020	Page 49 of 53
NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee		I.D. NUMBER 991800

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Service Employees International Union - United Healthcare Workers West Oakland, CA 94612-1602	IND SAL, Measure AV, Support	\$0.00	\$607.73	\$0.00	\$607.73
SUBTOTALS		\$167,874.74	\$5,257.64	\$0.00	\$173,132.38

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

Statement covers period
from 02/16/2020

through 06/30/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

I.D. NUMBER
991800

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H –
Loans Made to Others***

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

Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u>	CALIFORNIA FORM 460
	Page <u>51</u> of <u>53</u>
I.D. NUMBER 991800	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
		SUBTOTALS						

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

**** If Required**

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA FORM 460
Page 52 of 53
I.D. NUMBER
991800

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union United Healthcare Workers West Political Issues Committee

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- 1. Increases to cash of \$100 or more this period..... \$0.00
- 2. Unitemized increases to cash under \$100 this period..... \$0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

Memo Reference:

SEIU - United Healthcare Workers West serves as the intermediary for all unitemized contributions.
