Campaign Statement Cover Page Date of election if applicable: Statement covers period (Month, Day, Year) from 1/1/2023 For Official Use Only SEE INSTRUCTIONS ON REVERSE through 6/30/2023 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement arterly Statement State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee .D. NUMBER Treasurer(s) 3. Committee Information 1404950 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Susan Minato UNITE HERE Local 11 for Working Families MAILING ADDRESS ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) 90017 Los Angeles (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE Kurt Petersen Los Angeles CA 90017 (213) 452-6565 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE STATE Los Angeles CA 90017-2074 (213) 481-8530 OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS pcdfilings@kaufmanlegalgroup.com I have used all reasonable diligence in preparing and reviewing this statement and to the ached schedules is true and complete. I certify 4. Verification under pena". I ------ under the laws of the State of California that the foregoing is tr Executed on Executed on SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016) FPPC Advice: Executed on advice@fppc.ca.gov SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT (866/275-3772) Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT www.fppc.ca.gov

COVER PAGE

Recipient Committee

## Recipient Committee Campaign Statement Cover Page-Part 2

**COVER PAGE-PART 2** 

CALIFORNIA FORM			460
Page	2	of	18

i. Officeholder or Candidate Controlled Committee	6.Primarily Formed	d Ballot Measure Committee
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	E ZIP Identify the controlling of	officeholder, candidate, or state measure proponent, if
	NAME OF OFFICEHLOLDER,	CANDIDATE, OR PROPONENT
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		DISTRICT NO. IF ANY
COMMITTEE NAME I.D. NUMBER		Candidate/Officeholder Committee List name r which this committee is primarily formed.
NAME OF TREASURER CONTROLLED COMM	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOUGHT OR HELD SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	,	OPPOS
CITY STATE ZIP CODE AREA CODE/PH	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOUGHT OR HELD SUPPO
COMMITTEE NAME I.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOUGHT OR HELD SUPPO
NAME OF TREASURER CONTROLLED COMM	IITTEE?	OPPOS
YES [	NO NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOUGHT OR HELD SUPPO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		OPPOS
CITY STATE ZIP CODE AREA CODE/PH	ONE	ach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov {866/275-3772)
www.fppc.ca.gov

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	1/1/2023		CALIFORNIA FORM				
from through	6/30/2023	Page	3	of_	18		
		I.D. NUMBER 1404950					

UNITE HERE Local 11 for Working Families Contributions Received Column A Column B Calendar Year Summary for Candidates Running in Both the State Primary and CALENDAR YEAR Total This Period **General Elections** TOTAL TO DATE (FROM ATTACHED SCHEDULES) 1. Monetary Contributions...... Schedule A. Line 3 \$71,682.79 \$71,682.79 1/1 through 6/30 7/1 to Date 2. Loans Received...... Schedule B. Line 3 \$0.00 \$0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1+ 2 \$71,682.79 \$71,682.79 Received 4. Nonmonetary Contributions..... Schedule C, Line 3 \$0.00 \$0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED..... \$71,682.79 Add Lines 3 + 4 \$71,682.79 Made **Expenditure Limit Summary for State Expenditures Made Candidates** 6. Payments Made...... Schedule E, Line 4 \$178,768.30 \$178,768.30 Cumulative Expenditures Made \* 7. Loans Made..... Schedule H, Line 3 \$0.00 \$0.00 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$178,768.30 \$178,768.30 9. Accrued Expenses (Unpaid Bills)...... Schedule F, Line 3 \$1,319.23 \$20,139.97 Date of Election Total to Date 10. Nonmonetary Adjustment...... Schedule C, Line 3 \$0.00 \$0.00 (mm/dd/yyyy) 11. TOTAL EXPENDITURES MADE...... Add Lines 8 +9 + 10 \$180,087.53 \$198,908.27 Current Cash Statement 12. Beginning Cash Balance...... Previous Summary Page, Line 16 To calculate Column B, add \$93,725.78 amounts in Column A to the 13. Cash Receipts...... Column A, Line 3 above \$71,682.79 corresponding amounts from Column B of your last report. 14. Miscellaneous Increases to Cash...... Schedule I, Line 4 \$16,424.17 Some amounts in Column A may be negative figures that 15. Cash Payments...... Column A, Line 8 above \$178,768.30 \*Amounts in this section may be different from amounts should be subtracted from 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 \$3,064.44 previous period amounts. If reported in schedule B. this is the first report being filed for this calendar year, If this is a termination statement, Line 16 must be zero. only carry over the amounts from Lines 2, 7, and 9 (if any). 17. LOAN GUARANTEES RECEIVED..... Schedule B. Part 2 \$0.00 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 \$20,139.97 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SCH		

Schedule A Monetary Contributions Received  Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2023

through

6/30/2023

FORM Page 4 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

					1404950	
, DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/23/2023	No on Measures B& C - Citizens for a Responsible Development Beverly Hills, Sponsored by Unite Here Local 11 Los Angeles, CA 90017-5864 ID: 1456573	☐IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$874.98	\$874.98	
03/13/2023	Working Families Committee for Soto, Price, and Good for Council and Kevin De Leon for Mayor and Opposing O'Farrell for Council 2022, Sponsored by UNITE HERE Local 11 Los Angeles, CA 90017-5864 ID: 1445266	☐IND  ☑COM ☐OTH ☐PTY ☐SCC		\$70,807.81	\$70,807.81	

SUBTOTAL	\$71,682.79	<b>美国建筑的</b>
Schedule A Summary		*Contributor Codes
Amount received this period -itemized monetary contributions.     (Include all Schedule A subtotals.)	\$71,682.79	IND- Individual COM- Recipient Committee (other than PTY or SCC) OTH- Other (e.g., business entity) PTY- Political Party
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	\$71,682.79	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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

UNITE HERE Local 11 for Working Families

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

. Amounts may be rounded to whole dollars.

SCHEDULE D

to whole dollars.	Statement covers period	CALIFORNIA 460
	through 6/30/2023	Page 5 of 18
		I.D. NUMBER 1404950

TYPE OF DESCRIPTION AMOUNT/FAIR **CUMULATIVE TO DATE** PER ELECTION TO NAME OF CANDIDATE, OFFICE, AND DATE DISTRICT, OR MEASURE NUMBER OR PAYMENT (IF REQUIRED) MARKET VALUE CALENDAR YEAR DATE LETTER AND JURISDICTION, OR (IF REQUIRED) (JAN. 1-DEC. 31) COMMITTEE Monetary Contribution Hotel and Event Center Worker Protection, \$3,800.00 \$155,800.00 Retention and Minimum Wage Nonmonetary City of Anaheim Contribution 02/16/2023 NO: City of Independent Expenditure ✓ Support Oppose Monetary Contribution Hotel and Event Center Worker Protection, \$50,000.00 \$155,800.00 Retention and Minimum Wage Nonmonetary Contribution City of Anaheim 02/22/2023 NO: City of Independent Expenditure ✓ Support Oppose Monetary Contribution Hotel and Event Center Worker Protection, \$32,000.00 \$155,800.00 Retention and Minimum Wage Nonmonetary Contribution City of Anaheim 02/28/2023 NO: City of Independent Expenditure ✓ Support Oppose

SUBTOTAL	\$85,800.00
Schedule D Summary	
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$155,800.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summar	v Page.)

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

Hotel and Event Center Worker Protection,

Oppose

Retention and Minimum Wage

Support

City of Anaheim

NO: City of

03/13/2023

. Amounts may be rounded to whole dollars.

SCHEDULE D

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE					/1/2023 30/2023		ORNIA 460 RM 6 of 18
NAME OF FILER UNITE HERE Local 11 for Working Families						I.D. NUMBI 140495	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE T CALENDAR \ (JAN. 1-DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Hotel and Event Center Worker Protection.	Monetary Contribution		\$70,000,00	¢155 0	00 00	

\$70,000.00

\$155,800.00

	SUBTOTAL	\$70,000.00
Schedule D Summary		
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subt	\$155,800.00	
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00	

Nonmonetary

Contribution

Independent Expenditure

\$155,800.00

Schedule E Payments Made	. Amounts may be rounded to whole dollars.				nent covers period	CALIFOR	RNIA	460
SEE INSTRUCTIONS ON REVERSE				from through	6/30/2023		7 of	18
NAME OF FILER UNITE HERE Local 11 for Working Families						I.D. NUMBER 1404950		
CODES: If one of the following codes accurately des	scribes the payr	ment, you ma	y enter the code. Otherw	ise, desci	ribe the paymen	t.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	mmunications and appearances ses alating s survey research livery and messeng s services (legal, ac		RFD SAL TEL TRC TRS TSF VOT	radio airtime and prod returned contributions campaign workers' sal Lv. or cable airtime and candidate travel, lodgi staff/spouse travel, lod transfer between common voter registration information technolog	aries  d production costs  g, and meals  lging, and meals  nittees of the sam	e candidate	:/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION	OF PAYMENT		AMOL	UNT PAID
Citizens for Responsible Anaheim, Sponsored by UNITE HELL Los Angeles, CA 90017-5864 ID: 1456494	RE Local 11	CTB					\$3,	800.00
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11  Los Angeles, CA 90017-5864 ID: 1456494		CTB					\$50 <b>,</b>	000.00
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11  Los Angeles, CA 90017-5864  ID: 1456494		СТВ					\$32,	000.00
* Payments that are contributions or independent expenditures mu	st also be summar	ized on Schedule	e D.			SUBTOTAL	\$85	,800.00
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E s	ubtotals.)						\$178,	492.49
2. Unitemized payments made this period of under \$100							\$	275.81
3. Total interest paid this period on loans. (Enter amount from Sci	Column (e).)						\$0.00	

### . Amounts may be rounded

SCHEDULE E

Schedule E to whole dollars. Statement covers period **CALIFORNIA** 460 **Payments Made** FORM 1/1/2023 Page 8 of 18 6/30/2023 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER UNITE HERE Local 11 for Working Families 1404950 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* SAL campaign workers' salaries OFC office expenses 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 TRS staff/spouse travel, lodging, and meals POL polling and survey research IND independent expenditure 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 WEB information technology costs (Internet, e-mail) LIT campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11 \$70,000.00 CTB Los Angeles, CA 90017-5864 ID: 1456494 Carly Kirchen OFC \$554.11 Los Angeles, CA 90017-2074 Norma Lomedi \$149.76 SAL CA90022 Los Angeles, CA 90022-2904 SUBTOTAL Payments that are contributions or independent expenditures must also be summarized on Schedule D. \$70,703.87 Schedule E Summary \$178,492.49 \$275.81 2. Uniternized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... \$0.00

SCHEDULE E

. Amounts may be rounded Schedule E to whole dollars. Statement covers period CALIFORNIA 460 **Payments Made** FORM 1/1/2023 Page 9 of 18 6/30/2023 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER UNITE HERE Local 11 for Working Families 1404950 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 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, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) State Compensation Insurance Fund SAL \$1,740.33 San Francisco, CA 94104-2806 State Compensation Insurance Fund \$1,740.33 SAL San Francisco, CA 94104-2806 State Compensation Insurance Fund \$1,740.33 SAL San Francisco, CA 94104-2806 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$5,220.99 Schedule E Summary \$178,492.49 \$275.81 2. Unitemized payments made this period of under \$100..... 3. Total interest paid this period on loans. (Enter amount from Schedule B. Part 1, Column (e).)..... \$0.00

\$178,768.30

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### . Amounts may be rounded

SCHEDULE E

Schedule E to whole dollars. Statement covers period CALIFORNIA 460 **Payments Made** FORM 1/1/2023 Page 10 **of** 18 6/30/2023 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER UNITE HERE Local 11 for Working Families 1404950 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 RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) State Compensation Insurance Fund SAL \$1,740.37 San Francisco, CA 94104-2806 State Compensation Insurance Fund SAL \$3,444.09 San Francisco, CA 94104-2806 State Compensation Insurance Fund \$2,022.91 SAL San Francisco, CA 94104-2806 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$7,207.37 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)...... \$178,492.49 \$275.81 2. Unitemized payments made this period of under \$100. \$0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......

Schedule E			whole dollars.						JLE E
Payments Made			Whole donais.	State	ment covers period	CALIF	ORNIA	46	n
rayments made				from	1/1/2023	FO	RM	40	U
SEE INSTRUCTIONS ON REVERSE				through	5/20/2022	Page	11	of 18	1
NAME OF FILER						I.D. NUMB	ER		_
UNITE HERE Local 11 for Working Families						140495	50		
CODES: If one of the following codes accurately de	escribes the payr	ment, you ma	y enter the code. Otherv	vise, desc	cribe the payment				
CMP campaign paraphernalia/misc.	MBR member con				radio airtime and produ	ction costs			
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings an OFC office expen				returned contributions campaign workers' sala	ries			
CVC civic donations	PET petition circu				t.v. or cable airtime and		costs		
FIL candidate filing/ballot fees	PHO phone bank	_			candidate travel, lodgin				
FND fundraising events IND independent expenditure	POL polling and s POS postage del	survey research livery and messeng	er services		staff/spouse travel, lodg transfer between comm			date/spons	or
LEG legal defense		services (legal, ac		VOT	voter registration				-
LIT campaign literature and mailings	PRT print ads				information technology	costs (Inter			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION	N OF PAYMENT		^	MOUNT PA	.ID
The Brae		i					- 1		
•		CNS					5	1,700.	.00
Los Angeles, CA 90049									
UNITE HERE Local 11									
ONITE HERE LOCAL II		1	Staff Time					6,240.	0.0
Los Angeles, CA 90017-2074			Dear Time				1 '	0,240.	, 00
Edwin Williams									
		SAL						\$686.	.77
Los Angeles, CA 90017-2074									
* Downsto that are contributions or independent around itures	unt also ha summer	izad on Sahadul				URTOTAL		¢0. 606	- 77
* Payments that are contributions or independent expenditures m	ust also be summar	ized on Schedul	e D.			UBTOTAL		\$8,626	. //
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule E	subtotals.)						\$17	8,492.	.49
2. Unitemized payments made this period of under \$100								\$275.	81
3. Total interest paid this period on loans. (Enter amount from So								\$0.	.00

Schedule E
Payments Made

 Amounts may be rounded to whole dollars. SCHEDULE E

	Statement covers period			CALIFORNIA FORM		
	from through	6/30/2023	Page	12	of	18
_			I.D. NUME 140495			

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure
LEG legal defense
LIT campaign literature and mailings

UNITE HERE Local 11 for Working Families

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet. e-mail)

^ •	Tr Campaign merature and mainings	PRI print aus		WED Information technology costs (Internet, e		
_	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
F	Phoenix, AZ 85007-3760 D: C00756569		CNS			\$933.49

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$933.49
Schedule E Summary		
Itemized payments made this period. (Include all Schedule E subtotals.)		\$178,492.49
2. Unitemized payments made this period of under \$100		\$275.81
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 _	\$178,768.30

#### Schedule F Accrued Expenses (Unpaid Bills)

Statement covers period **CALIFORNIA** 460 **FORM** 1/1/2023 Page 13 **of** 18 6/30/2023 I.D. NUMBER 1404950

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

	, , , , , , , , , , , , , , , , , , ,			, (minerial)		
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	
Clergy and Laity United for Economic Justice Los Angeles, CA 90017-2074	SAL	\$7,809.38	\$0.00	\$0.00	\$7,809.38	
Kaufman Legal Group : Los Angeles, CA 90017-5864	PRO	\$0.00	\$1,218.00	\$0.00	\$1,218.00	
Kaufman Legal Group  Los Angeles, CA 90017-5864	OFC	\$0.00	\$101.23	\$0.00	\$101.23	
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$7,809.38	\$1,319.23	\$0.00	\$9,128.61	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)					\$1,319.23	
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	
3. Net change this period. (Subtract Line 2 from Line 1. En and on the Summary Page, Column A, Line 9.)				NET	\$1,319.23	
				•	PPC Form 460 (Jan/2016)	

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

. Amounts may be rounded to whole dollars.

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)

1/1/2023 6/30/2023 through

Statement covers period

**CALIFORNIA** FORM Page 14 of 18 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL. t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

1404950

VOT voter registration

WEB information technology costs (Internet, e-mail)

cit varipaign iterature and mainings	Pitt pilitude		tion technology costs (internet,	Ct, C-mail/	
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
UNITE HERE Local 11 (Nonprofit 501 (c)(5))  Los Angeles, CA 90017-2074 ID: 1405171	IND, Voter Data, Referendum against Ordinance No. 19- 3,926, Support	\$1,800.00	\$0.00	\$0.00	\$1,800.00
UNITE HERE Local 11 Los Angeles, CA 90017-2074	Staff Time	\$9,129.76	\$0.00	\$0.00	\$9,129.76

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$10,929.76	\$0.00	\$0.00	\$10,929.76
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule F, C accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses.)		00.)	INCURRED	TOTALS	\$1,319.23
<ol><li>Total accrued expenses paid this period. (Include all Schedule F, Colur accrued expenses of \$100 or more, plus total uniternized payments on ac</li></ol>			PAIC	TOTALS	\$0.00
Net change this period. (Subtract Line 2 from Line 1. Enter the different and on the Summary Page, Column A, Line 9.)				NET (May	\$1,319.23 be a negative number)

. Amounts may be rounded to whole dollars.

SCHEDULE I

Schedule I Statement covers period CALIFORNIA 460 Miscellaneous Increases to Cash FORM 1/1/2023 Page 15 **of** 18 6/30/2023 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER UNITE HERE Local 11 for Working Families 1404950 FULL NAME AND ADDRESS OF SOURCE DATE AMOUNT OF DESCRIPTION OF RECEIPT INCREASE TO CASH RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Marilyn Alcala 01/24/2023 \$959.15 Return to Cash Surprise, AZ 85379-9177 Ana C Cortez 01/24/2023 Return to Cash \$1,486.91 Los Angeles, CA 90017-2074 Cat Castaneda 01/24/2023 Return to Cash \$129.26 Phoenix, AZ 85016-4718 Internal Revenue Service 01/20/2023 \$136.32 Return to Cash Los Angeles, CA 90012-3308 Francesa Jarvis 01/24/2023 Return to Cash \$132.05 Sherman Oaks, CA 91403-2707 Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$2,843.69 Schedule I Summary \$15,885.81 1. Itemized increases to cash this period. \$538.36 2. Uniternized increases to cash of under \$100 this period...... \$0.00 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)...... 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the \$16,424.17

#### . Amounts may be rounded SCHEDULE I Schedule I to whole dollars. Statement covers period CALIFORNIA 460 Miscellaneous Increases to Cash FORM 1/1/2023 Page 16 **of** 6/30/2023 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER UNITE HERE Local 11 for Working Families 1404950 FULL NAME AND ADDRESS OF SOURCE AMOUNT OF DATE DESCRIPTION OF RECEIPT RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) INCREASE TO CASH Dale Jung \$273.20 01/24/2023 Return to Cash Los Angeles, CA 90020-1210 Asiya Junisbai 01/24/2023 \$299.52 Return to Cash Pomona, CA 91767-0906 Carly Kirchen 01/24/2023 \$554.11 Return to Cash Los Angeles, CA 90017-2074 Robert Kole 01/24/2023 Return to Cash \$338.46 Los Angeles, CA 90017-2074 Salma Lagunas Sixto 01/24/2023 \$169.76 Return to Cash Lake Forest, CA 92630-4905 Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$1,635.05 Schedule I Summary 1. Itemized increases to cash this period. \$15,885.81 \$538.36 2. Uniternized increases to cash of under \$100 this period. 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

\$16,424.17

Amounts may be rounded

SCHEDULE I

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER UNITE HERE Local 11 for Working Families		o whole dollars.	Statement covers period  from1/1/2023 through6/30/2023	FORM Page 17  I.D. NUMBER 1404950	400
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTIO	ON OF RECEIPT		MOUNT OF EASE TO CASH
01/24/2023	Olga Leon Los Angeles, CA 90020-4442	Return to Cash			\$169.76
01/24/2023	Jose Leyva Los Angeles, CA 90017-2074	Return to Cash			\$1,456.60
01/24/2023	Rosa Lilla Merino Los Angeles, CA 90037-3908	Return to Cash			\$752.03
01/24/2023	Rosa Lilla Merino Los Angeles, CA 90037-3908	Return to Cash			\$752.03
01/24/2023	Norma Lomedi CHYUUZZ Los Angeles, CA 90022-2904	Return to Cash			\$149.76
Attach additional	Information on appropriately labeled continuation sheets.			SUBTOTAL	\$3,280.18
Schedule	Summary				
1. Itemized incre	eases to cash this period			······· - <u> </u>	
	creases to cash of under \$100 this period				
3. Total of all int	erest received this period on loans made to others. (Schedule H, Column (e).)				\$0.00
<ol> <li>Total miscella Summary Page,</li> </ol>	neous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Line 14.)			OTAL	\$16,424.17

Amounts may be rounded

SCHEDULE I

Schedule	l eous Increases to Cash	o whole dollars.	Statement covers period	CALIFORNIA 460
Misochan	noreases to sash		from1/1/2023	Page 18 of 18
SEE INSTRUCTION	DNS ON REVERSE		through 6/30/2023	1000, 10
NAME OF FILER UNITE HERE	Local 11 for Working Families			I.D. NUMBER 1404950
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTIO	ON OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/24/2023	Janelly Quintana Los Angeles, CA 90017-2074	Return to Cash		\$149.76
05/23/2023	Reynolds V State Compensation Insurance Fund SCSCCLA Irvine, CA 92606-5105	Settlement		\$918.06
01/04/2023	State Compensation Insurance Fund San Francisco, CA 94104-2806	Refund		\$132.30
01/24/2023	UNITE HERE Local 11  Los Angeles, CA 90017-2074	Return to Cash		\$6,240.00
01/12/2023	Edwin Williams  Los Angeles, CA 90017-2074	Return to Cash		\$686.77
Attach additional	I information on appropriately labeled continuation sheets.			<b>SUBTOTAL</b> \$8,126.89
Schedule	Summary			
1. Itemized incre	eases to cash this period.			
2. Unitemized in	creases to cash of under \$100 this period		······································	\$538.36
3. Total of all int	erest received this period on loans made to others. (Schedule H, Column (e).)			\$0.00
Total miscella     Summary Page,	neous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the			**************************************