

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

7/31/23 FM

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LOS ANGELES COUNTY 460
2023 AUG -1 PM 2:38
FORM
Page 1 of 18
For Official Use Only
CAMPAIGN FINANCE
DISCLOSURE SECTION

Statement covers period
from 1/1/2023
through 6/30/2023

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

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
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/ Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1404950

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

UNITE HERE Local 11 for Working Families

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017 (213) 452-6565

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
pcdfilings@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER

Susan Minato

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017 (213) 452-6565

NAME OF ASSISTANT TREASURER, IF ANY

Kurt Petersen

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90017-2074 (213) 481-8530

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to it under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

The attached schedules is true and complete. I certify

Executed on 7/31/2023 DATE By _____

Executed on _____ DATE By _____

Executed on _____ DATE By _____

Executed on _____ DATE By _____

SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

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

COVER PAGE-PART 2

CALIFORNIA		460
FORM		
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

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

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	---

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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 Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

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

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
through	6/30/2023	Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

1404950

Contributions Received

	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$71,682.79	\$71,682.79
2. Loans Received..... Schedule B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2	\$71,682.79	\$71,682.79
4. Nonmonetary Contributions..... Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3+4	\$71,682.79	\$71,682.79

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	_____	_____
21. Expenditures Made	_____	_____

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$178,768.30	\$178,768.30
7. Loans Made..... Schedule H, Line 3	\$0.00	\$0.00
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
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8+9+10	\$180,087.53	\$198,908.27

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$93,725.78
13. Cash Receipts..... Column A, Line 3 above	\$71,682.79
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$16,424.17
15. Cash Payments..... Column A, Line 8 above	\$178,768.30
16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15	\$3,064.44
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$0.00

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).

*Amounts in this section may be different from amounts reported in schedule B.

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
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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	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$70,807.81	\$70,807.81	

SUBTOTAL \$71,682.79

Schedule A Summary

1. Amount received this period -itemized monetary contributions.

(Include all Schedule A subtotals.)..... \$71,682.79

2. Amount received this period -unitemized monetary contributions of less than \$100..... \$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)..... **TOTAL** \$71,682.79

*Contributor Codes
IND- Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH- Other (e.g., business entity)
PTY- Political Party
SCC- Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
through	6/30/2023	
		Page 5 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

1404950

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 TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/16/2023	Hotel and Event Center Worker Protection, Retention and Minimum Wage City of Anaheim NO: City of	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,800.00	\$155,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/22/2023	Hotel and Event Center Worker Protection, Retention and Minimum Wage City of Anaheim NO: City of	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$155,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
02/28/2023	Hotel and Event Center Worker Protection, Retention and Minimum Wage City of Anaheim NO: City of	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$32,000.00	\$155,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> 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 Summary Page.).....	TOTAL \$155,800.00

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

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period from <u>1/1/2023</u> through <u>6/30/2023</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>18</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

1404950

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 TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/13/2023	Hotel and Event Center Worker Protection, Retention and Minimum Wage City of Anaheim NO: City of	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$70,000.00	\$155,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$70,000.00

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 Summary Page.).....	TOTAL \$155,800.00

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
UNITE HERE Local 11 for Working Families

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
through	6/30/2023	Page 7 of 18

I.D. NUMBER
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11 Los Angeles, CA 90017-5864 ID: 1456494	CTB		\$3,800.00
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11 Los Angeles, CA 90017-5864 ID: 1456494	CTB		\$50,000.00
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11 Los Angeles, CA 90017-5864 ID: 1456494	CTB		\$32,000.00

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

SUBTOTAL \$85,800.00

Schedule E Summary

1. 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
through	6/30/2023	Page 8 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
UNITE HERE Local 11 for Working Families

I.D. NUMBER
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citizens for Responsible Anaheim, Sponsored by UNITE HERE Local 11 Los Angeles, CA 90017-5864 ID: 1456494	CTB		\$70,000.00
Carly Kirchen Los Angeles, CA 90017-2074	OFC		\$554.11
Norma Lomedi CA90022 Los Angeles, CA 90022-2904	SAL		\$149.76

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

SUBTOTAL \$70,703.87

Schedule E Summary

1. 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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UNITE HERE Local 11 for Working Families

I.D. NUMBER

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$1,740.33
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$1,740.33
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$1,740.33

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

SUBTOTAL \$5,220.99

Schedule E Summary

1. 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
UNITE HERE Local 11 for Working Families

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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 tv. 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$1,740.37
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$3,444.09
State Compensation Insurance Fund San Francisco, CA 94104-2806	SAL		\$2,022.91
SUBTOTAL			\$7,207.37

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

Schedule E Summary

1. 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Brae Los Angeles, CA 90049	CNS		\$1,700.00
UNITE HERE Local 11 Los Angeles, CA 90017-2074		Staff Time	\$6,240.00
Edwin Williams Los Angeles, CA 90017-2074	SAL		\$686.77
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$8,626.77

Schedule E Summary

1. 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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
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through	6/30/2023	Page 12 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

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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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Worker Power PAC Phoenix, AZ 85007-3760 ID: C00756569	CNS		\$933.49

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

SUBTOTAL \$933.49

Schedule E Summary

1. 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)**

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	1/1/2023	
through	6/30/2023	Page 13 of 18

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NAME OF FILER

UNITE HERE Local 11 for Working Families

I.D. NUMBER

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 tv. 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 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
SUBTOTALS		\$7,809.38	\$1,319.23	\$0.00	\$9,128.61

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

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.)	INCURRED TOTALS	\$1,319.23
2. 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. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$1,319.23 <small>(May be a negative number)</small>

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

Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period	CALIFORNIA FORM 460
from <u>1/1/2023</u> through <u>6/30/2023</u>	
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NAME OF FILER UNITE HERE Local 11 for Working Families	I.D. NUMBER 1404950
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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 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
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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.)	INCURRED TOTALS	\$1,319.23
2. 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. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET	\$1,319.23 <small>(May be a negative number)</small>

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
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NAME OF FILER
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I.D. NUMBER
1404950

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/24/2023	Marilyn Alcala Surprise, AZ 85379-9177	Return to Cash	\$959.15
01/24/2023	Ana C Cortez Los Angeles, CA 90017-2074	Return to Cash	\$1,486.91
01/24/2023	Cat Castaneda Phoenix, AZ 85016-4718	Return to Cash	\$129.26
01/20/2023	Internal Revenue Service Los Angeles, CA 90012-3308	Return to Cash	\$136.32
01/24/2023	Francesa Jarvis Sherman Oaks, CA 91403-2707	Return to Cash	\$132.05

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,843.69

Schedule I Summary

1. Itemized increases to cash this period.....	\$15,885.81
2. Unitemized increases to cash of under \$100 this period.....	\$538.36
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 \$16,424.17

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
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through	6/30/2023	Page 16 of 18

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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)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/24/2023	Dale Jung Los Angeles, CA 90020-1210	Return to Cash	\$273.20
01/24/2023	Asiya Junisbai Pomona, CA 91767-0906	Return to Cash	\$299.52
01/24/2023	Carly Kirchen Los Angeles, CA 90017-2074	Return to Cash	\$554.11
01/24/2023	Robert Kole Los Angeles, CA 90017-2074	Return to Cash	\$338.46
01/24/2023	Salma Lagunas Sixto Lake Forest, CA 92630-4905	Return to Cash	\$169.76

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
2. Unitemized increases to cash of under \$100 this period.....	\$538.36
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 \$16,424.17

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
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NAME OF FILER
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I.D. NUMBER
1404950

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE 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 Los Angeles, CA 90022-2904	Return to Cash	\$149.76

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,280.18

Schedule I Summary

1. Itemized increases to cash this period.....	\$15,885.81
2. Unitemized increases to cash of under \$100 this period.....	\$538.36
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 \$16,424.17

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	CALIFORNIA FORM 460
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through <u>6/30/2023</u>	
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I.D. NUMBER
1404950

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION 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 information on appropriately labeled continuation sheets.

SUBTOTAL \$8,126.89

Schedule I Summary

1. Itemized increases to cash this period.....	\$15,885.81
2. Unitemized increases to cash of under \$100 this period.....	\$538.36
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 \$16,424.17