

#917 P.001/004
07/21/2022 14:57

REVIEWED
By CTrang at 6:05 pm, Jul 25, 2022

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		Date of This Filing 07/21/2022	Date Stamp CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-7401	I.D. NUMBER (if applicable) 880212	Report No. MontPK-05	
STREET ADDRESS CITY Sacramento STATE CA ZIP CODE 95814		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
		No. of Pages 4	

1. List Only One Candidate or Ballot Measure

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
07/07/2022	TRS Cumulative to date total \$107820.56	867.05
07/07/2022	LIT Cumulative to date total \$107820.56	10,045.84
07/07/2022	POL Cumulative to date total \$107820.56	9,135.00
07/07/2022	Polling/Research Cumulative to date total \$107820.56	15,500.00

Reason for Amendment: _____

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CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>4</u>		

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
07/07/2022	Polling Cumulative to date total \$107820.56	3,800.00
07/15/2022	LIT Cumulative to date total \$107820.56	10,045.84

Reason for Amendment: _____

From:

#917 P.003/004

07/21/2022 14:57

From:

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM 496

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER (If applicable)

880212

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
07/07/2022	AHMC Healthcare, Inc. Alhambra, CA 91801	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		34,744.36	If loan, enter interest rate, if any _____%
07/07/2022	Bakersfield Heart Hospital Bakersfield, CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		826.79	If loan, enter interest rate, if any _____%
07/07/2022	Encompass Health Rehabilitation Hospital of Modesto Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,172.91	If loan, enter interest rate, if any _____%
07/07/2022	Good Samaritan Hospital Bakersfield, CA 93308	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,080.73	If loan, enter interest rate, if any _____%
07/07/2022	Joyce Eisenberg Keefer Medical Center Reseda, CA 91335 Affiliate: Corona Regional Medical Center 800 South Main Street Corona, CA 92882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,173.05	If loan, enter interest rate, if any _____%
07/07/2022	Mad River Community Hospital Arcata, CA 95521	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,636.32	If loan, enter interest rate, if any _____%

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

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

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CALIFORNIA FORM 496
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3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
07/07/2022	Orchard Hospital Gridley, CA 95948	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,688.78	If loan, enter interest rate, if any _____%
07/07/2022	Signature Healthcare Services, LLC (Soon K. Kim) Corona, CA 92881	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		33,306.90	If loan, enter interest rate, if any _____%
07/07/2022	St. Rose Hospital Hayward, CA 94545 Committee ID# 1355053	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,292.49	If loan, enter interest rate, if any _____%
07/07/2022	Universal Health Services, Inc. and affiliated entities Temecula, CA 92592 Affiliate: Corona Regional Medical Center 800 South Main Street Corona, CA 92882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,687.29	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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