Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/01/2024 through 2/17/2024	Date Stamp RECEIVED BY ANGELES COUNTY (Month, Day, Year) 2014 FEB 22 PM 12: 05	CALIFORNIA 460 FORM Page1 of 10 For Official Use Only
 ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ☑ General Purpose Committee ☑ Sponsored ○ Small Contributor 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	ly Statement Odd-Year Report mental Preelection ent - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Service Employees International Union Local Initiatives STREET ADDRESS (NO P.O. BOX)	721 CTW, CLC Issues &	Treasurer(s) NAME OF TREASURER Robert Schoonover MAILING ADDRESS CITY STATE ZIP COD Los Angeles CA 90017 NAME OF ASSISTANT TREASURER, IF ANY	
Los Angeles CA 900 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP C Sacramento CA 958 OPTIONAL: FAX / E-MAIL ADDRESS compliance@olsonremcho.com	BOX ODE AREA CODE/PHONE	Pamm Fair MAILING ADDRESS CITY STATE ZIP COD Los Angeles CA 90017 OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on Executed on Date Executed on Date Executed on	ByByBy	Signature of Controlling Officeholder, Candidate, State Measure Proponent	omplete. I certify
Executed onDate	ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	FPPC Form 460 (Jan/2016)

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

COVER PAGE

-Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNIA ORM	4	60			
Page _	2	of _	10			

Officeholder or Candidate Contro	olled Committee	6.	Primarily Formed Ballo	ot Measure Cor	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)	· · · · · · · · · · · · · · · · · · ·	BALLOT NO. OR LETTER	JURISDICTION] SUPPORT] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. ANI	STREET) CITY STATE	ZIP	Identify the controlling of	ficeholder, candid	ate, or state measure	proponent, if any
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PROPO	NENT	. ,
Related Committees Not Include not included in this statement that are con contributions or make expenditures on be	trolled by you or are primarily formed to i		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	i.d. number					
NAME OF TREASURER	CONTROLLED COMMITTEE	7	. Primarily Formed Can officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	otate zip code area code/i	HONE	NAME OF OFFICEHOLDER OR	CANDIDATE OF	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OI	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE	,	NAME OF OFFICEHOLDER OR	CANDIDATE O	FFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)	 .				

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

891044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Service Employees International Union Local 721 CTW, CLC Issues & Initiatives

Contributions Received	(FR	COLUMN A TOTAL THIS PERIOD OMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Yea Running in B General Elect	oth the State	or Candidates Primary and
1. Monetary Contributions Schedule A, Line 3	\$_	0.00	\$	0.00			7/1 to Data
2. Loans Received Schedule B, Line 3	_	0.00		0.00		1/1 through 6/3	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _	0.00	\$	0.00	20. Contributions Received		\$
4. Nonmonetary Contributions Schedule C, Line 3	_	0.00		0.00	21. Expenditures		, ,
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$_	0.00	\$	0.00	Made	\$	 \$
Expenditures Made					Expenditure	Limit Summa	ry for State
6. Payments Made Schedule E, Line 4	\$_	106,330.40	\$	106,330.40	Candidates		
7. Loans Made Schedule H, Line 3	_	0.00		0.00	22 Cu	mulative Exper	nditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$_	106,330.40	\$	106,330.40		Subject to Voluntary E	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_	-502.53		1,463.24	Date of Elec		Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	_	0.00		0.00	(mm/dd/y	y)	
11. TOTAL EXPENDITURES MADE	\$_	105,827.87	\$	107,793.64		J	\$
Current Cash Statement					1 /	<i>J</i>	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$_	2,100,396.79	То	calculate Column B, add			
13. Cash Receipts Column A, Line 3 above	_	0.00	am	ounts in Column A to the			
14. Miscellaneous Increases to Cash Schedule I, Line 4	_	0.00	fro	responding amounts m Column B of your last	*Amounts in this s reported in Colum		ferent from amounts
15. Cash Payments Column A, Line 8 above	_	106,330.40		ort. Some amounts in lumn A may be negative		– .	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$_	1,994,066.39	figu	ures that should be			
If this is a termination statement, Line 16 must be zero.			ре	otracted from previous			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	first report being filed this calendar year, only ry over the amounts		e .	
Cash Equivalents and Outstanding Debts		,	fro	m Lines 2, 7, and 9 (if y)		,	· · ·
18. Cash Equivalents See instructions on reverse	\$_	0.00	1	•			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	¢	1.463.24	l				

FPPC Form 460 (Jan/2016)

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

Schedule D **Summary of Expenditures** Supporting/Opposing Other

Amounts may be rounded to whole dollars.

			SCHEDULE L
Statement covers period		CALIFORNIA	460
from	01/01/2024	FORM	400
through	02/17/2024	Page 4	of
		I.D. NUMBER	_

Calluluate	es, Measures and Committees					
SEE INSTRUCTION	ONS ON REVERSE			through02/17/20)24 P	age <u>4</u> of <u>10</u>
NAME OF FILER				-	1.0	D. NUMBER
Service Emp	loyees International Union Local 721 CTW, CLC	Issues & Initiati	ves		8	91044
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 CALENDAR YEA (JAN. 1 - DEC. 3*	AR TO DATE
01/24/2024	Lindsey Horvath Ballot Measure Committee for Accountability and Progress X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		100,000.00	100,00	0.00
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$ 100,000.00		

Schedule D Summary

1.	Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 100,000.00
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.)	\$ 100,000.00

Schedule E Payments Made	Amounts may be rounded to whole dollars.			State	ment covers period	CALIFOR	
SEE INSTRUCTIONS ON REVERSE				through	02/17/2024	_ Page5	of
NAME OF FILER						I.D. NUMB	ER
Service Employees International Union Local 721 CTW, CL	C Issues & Initi	atives				891044	
CODES: If one of the following codes accurately describes 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 supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings ar OFC office expe PET petition circl PHO phone bank POL polling and POS postage, de	nmunications and appearance anses ulating s survey resea	ees	RAD rac RFD ret SAL can TEL t.v. TRC can TRS sta TSF tra VOT vot	cribe the payment. Ilio airtime and productio urned contributions mpaign workers' salarie or cable airtime and production airtime and producte travel, lodging, aff/spouse travel, lodging nsfer between committed ter registration commation technology cos	s oduction costs and meals g, and meals ees of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Lindsey Horvath Ballot Measure Committee for Accountabil Progress (ID# 1463038)	lity and	СТВ					100,000.00
Los Angeles, CA 90024							
Olson Remcho LLP		PRO	+				1,578.13
Sacramento, CA 95814							
Olson Remcho LLP		PRO					2,786.50
Sacramento, CA 95814							
* Payments that are contributions or independent expenditures	must also be sumn	marized on	Schedule D.		\$	SUBTOTAL\$	104,364.63
Schedule E Summary	,			-			
1. Itemized payments made this period. (Include all Schedule	E subtotals.)					\$	106,330.40
2. Unitemized payments made this period of under \$100	***************************************					\$	0.00
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Parl	t 1, Columi	ı (e).)			\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on	the Summ	ary Page, Colur	mn A, Line 6.)	Т	OTAL \$	106,330.40

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALI	CALIFORNIA FORM		460		
from	01/01/2024				400		
through	02/17/2024				10		

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE	through02/17/2024	Page 6 of 10
NAME OF FILER		I.D. NUMBER
Service Employees International Union Local 721 CTW, CLC Issues & Initiatives		891044

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* office expenses OFC SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events staff/spouse travel, lodging, and meals POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* IND 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 campaign literature and mailings PRT print ads 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) Service Employees International Union Local 721 CTW, CLC MTG/Travel Expenses 1,965.77 Los Angeles, CA 90017

SUBTOTAL \$

1,965.77

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

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded

CALIFORNIA Statement covers period FORM 01/01/2024 of__10 Page __ 7

to whole dollars. through__02/17/2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Service Employees International Union Local 721 CTW, CLC Issues & Initiatives 891044

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 campaign consultants meetings and appearances CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL FND fundraising events POL. polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND PRO professional services (legal, accounting) voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads (c) AMOUNT PAID (d) CODE OR NAME AND ADDRESS OF CREDITOR AMOUNT INCURRED OUTSTANDING OUTSTANDING

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIOD (ALSO REPORT ON E)	BALANCE AT CLOSE OF THIS PERIOD	
Service Employees International Union Local 721 C	W, CLC Mid liaver exper	ises 1	,965.77	0.00	,965.77	0.00
Los Angeles, CA 90017						
Service Employees International Union Local 721 C	rw, CLC MTG/Travel Exper	ises	0.00	1,337.64	0.00 1	,337.64
Los Angeles, CA 90017						
Service Employees International Union Local 721 C	TW, CLC MTG/Travel Exper	nses	0.00	125.60	0.00	125.60
Los Angeles, CA 90017	,					
* Payments that are contributions or independent expenditures must summarized on Schedule D.	also be SUBT	TOTALS \$ 1	.,965.77\$	1,463.24\$ 1	1,965.77\$ 1	,463.24

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

-502.53

May be a negative number

Schedule G			
Payments N	/ lade by an	Agentorl	ndependent
Contractor	(on Behalf	of This Co	mmittee)

Amounts may be rounded to whole dollars.

SCHEDULE G
CALIFORNIA 160
FORM 400
Page 8 of 10
I.D. NUMBER
891044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Service Employees International Union Local 721 CTW, CLC Issues & Initiatives

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BMO Financial Group

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

	•				
CMP	campaign paraphernalia/misc.	MBR ·	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses		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
	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, e-mail)

^{*} 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
Toast, Inc.	MTG			637.10
Boston, MA 02115				
•				
		<u> </u>		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

637.10

^{*} 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 G		
Payments Made	by an Agent	or independent
Contractor (on	Behalf of This	s Committee)

Amounts may be rounded to whole dollars.

		SCHEDULE G
Statement covers period		CALIFORNIA 160
from01	/01/2024	FORM 460
through 02	/17/2024	Page 9 of 10
		I.D. NUMBER
		891044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Service Employees International Union Local 721 CTW, CLC Issues & Initiatives

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Service Employees International Union Local 721 CTW, CLC

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

	zee in one of the fellowing course desarately the	300.1200 4.10	paymont, you may onto allo ocac.
CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
СТВ	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL,	polling and survey research
IND	independent expenditure supporting/opposing others (explain	n)* POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	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

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} 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
BMO Financial Group	MTG/Travel Expenses	125.60
Chicago, IL 60603		
BMO Financial Group	MTG/Travel Expenses	1,337.64
Chicago, IL 60603		
,		
•		

Attach additional information on appropriately labeled continuation sheets

2 * IATOT.

1.463.24

dditional Comments or Form 460

CALIFORNIA FORM 460

Page 10 of 10

I.D. NUMBER
891044

AME OF FILER
ervice Employees International Union Local 721 CTW, CLC Issues & Initiatives

chedule A: Service Employees International Union Local 721 CTW, CLC, ontributions.

Suite 100, Los Angeles, CA 90017, is the intermediary for all