



REPORT OF PERSON OR ENTITY SPENDING \$5000 OR MORE TO INFLUENCE OFFICIAL COUNTY ACTION

Form LOB 9

Page 1 of 3

Quarterly Report Covers from 1/1/2015 through 3/31/2015

Type or Print in Ink

Name of Filer: SEIU United Long Term Care Workers Local 6434
Business Address: 2910 Beverly Blvd., Los Angeles, CA 90057
Telephone Number & Extension: (213) 985-0478

SUMMARY OF PAYMENTS THIS PERIOD

Table with 2 columns: Description, Amount. Row 1: A. Total Activity Expenses (from Part I, Section A) \$ 0.00. Row 2: B. Total Other Payments to Influence (from Part I, Section B) \$ 443,303.71. Row 3: TOTAL (A + B above) \$ 443,303.71

CAMPAIGN CONTRIBUTIONS: [ ] Part II completed and attached [x] No Campaign Contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) At (City and State) By (Signature of Responsible Officer)
Name of Responsible Officer (Type or Print) Title
Los Angeles Dereck Smith
Dereck Smith Director of Finance and Operations

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TO INFLUENCE OFFICIAL  
COUNTY ACTION**

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Page 2 of 3

NAME OF FILER: SEIU United Long Term Care Workers Local 6434 PERIOD COVERED: 1/1/2015-3/31/2015

**PART I – PAYMENTS MADE THIS PERIOD**

**A. ACTIVITY EXPENSES (See instructions)**

Date	Name, Position, and Address of Payee (If different than Beneficiary)	Name and Position Of County officials (Beneficiary) Amount Benefiting Each	Description of Consideration	Total Amount of Activity Expense
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

If more space is needed, check box and attach continuation sheets.

**TOTAL SECTION A (Activity Expenses)**  
Also enter the total of Section A on Line A of the  
"Summary of Payments" section on page 1.

\$

NAME OF FILER: SEIU United Long Term Care Workers Local 6434 PERIOD COVERED 1/1/2015-3/31/2015

**PART I – PAYMENTS MADE THIS PERIOD**

**B. OTHER PAYMENTS TO INFLUENCE OFFICIAL COUNTY ACTION** (See instructions)

Summary Description of Payments:		
	<u>Salaries, stipends and consultants</u>	<u>\$ 262,532.17</u>
	<u>Advertising, printed materials and t-shirts</u>	<u>\$ 159,167.04</u>
	<u>Travel expenses</u>	<u>\$ 5,206.63</u>
	<u>Office supplies, office space and meals</u>	<u>\$ 16,397.87</u>
	<b>TOTAL</b>	<b>\$ 443,303.71</b>

Also enter the **TOTAL** OF Section B on Line B of the “Summary of Payments” section on page 1

**PART II – CAMPAIGN CONTRIBUTIONS MADE:** Monetary and non-monetary campaign contributions of \$100 or more made to County candidates, elected County officials and any of their controlled committees, or committees supporting such candidates or officials must be reported below.

Date	Name of Recipient (County Officials Only)	Amount
		\$
		\$
		\$
		\$
		\$
		\$

If more space is needed, check box and attach continuation sheets.