



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAR 05 '02

ENVELOPE  
POSTMARK DATE

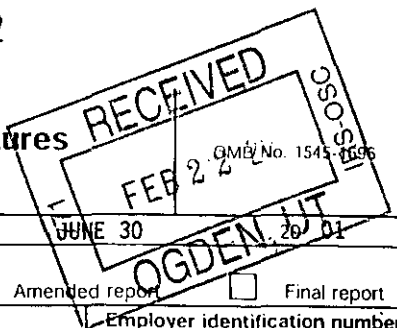
FEB 2 - 2002

Form **8872**  
(July 2000)

**Political Organization  
Report of Contributions and Expenditures**

Department of the Treasury  
Internal Revenue Service

► See separate instructions.



**A** For the period beginning **APRIL 1**, 20 **01** and ending **JUNE 30**, 20 **01**

**B** Check applicable boxes: ☐ Initial report ☐ Change of address ☒ Amended report ☐ Final report

**1** Name of organization  
**LOS ANGELES HOMECARE WORKERS UNION, LOCAL 434-B SEIU - PAC**

Employer identification number  
**95 4271593**

**2** Mailing address (P.O. Box or number, street, and room or suite number)  
**2515 BEVERLY BLVD.**

City or town, state, and ZIP code

**LOS ANGELES, CA 90057**

**3** E-mail address of organization  
**UNIONBOSS@MSN.COM**

**4** Date organization was formed  
**01/01/1990**

**5a** Name of custodian of records  
**VERDIA DANIELS**

**5b** Custodian's address  
**2515 BEVERLY BLVD.**  
**LOS ANGELES, CA 90057**

**6a** Name of contact person  
**VERDIA DANIELS**

**6b** Contact person's address  
**2515 BEVERLY BLVD.**  
**LOS ANGELES, CA 90057**

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

**8** Type of report (check only one box)

**a** ☐ First quarterly report (due by April 15)

**b** ☐ Second quarterly report (due by July 15)

**c** ☐ Third quarterly report (due by October 15)

**d** ☐ Year-end report (due by January 31)

**e** ☒ Mid-year report (Non-election  
year only due by July 31)

**f** ☐ Monthly report for the month of: \_\_\_\_\_  
(due by the 20th day following the month shown above, except the  
December report, which is due by January 31)

**g** ☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election: \_\_\_\_\_  
(2) Date of election: \_\_\_\_\_  
(3) For the state of: \_\_\_\_\_

**h** ☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election: \_\_\_\_\_  
(2) For the state of: \_\_\_\_\_

**9** Total amount of reported contributions (total from all attached Schedules A). . . . . **9** **5,000.00**

**10** Total amount of reported expenditures (total from all attached Schedules B). . . . . **10** **18,224.90**

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge  
and belief, it is true, correct, and complete.

**Verdia Daniels**  
Signature of authorized official

**02/20/2002**

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)

26ME

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization	Employer identification number	
LOS ANGELES HOMECARE WORKERS UNION, LOCAL 434-B SEIU - PAC	95-4271593	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
SEIU 434-B FEDERAL COPE 2515 BEVERLY BLVD. LOS ANGELES, CA 90057	N/A	\$ 5,000.00
	Contributor's occupation	
	N/A	
	Aggregate contributions year-to-date . . . . . ▶ \$ 40,000.00	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . . . ▶ \$	
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		\$ 5,000.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization		Employer identification number
LOS ANGELES HOMECARE WORKERS UNION, LOCAL 434-B - PAC		95-4271593
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
CATHY HACKETT FOR CITY COUNCIL 330 N. STREET, #13 SACRAMENTO, CA 95814	N/A	
	Recipient's occupation	
	SACRAMENTO CITY COUNCIL	\$ 2,500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
BROTHERHOOD CRUSADE 200 N. SLAUSON AVENUE LOS ANGELES, CA 90011	N/A	
	Recipient's occupation	
	N/A	\$ 11,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
CLUW 3199 KANSAS AVENUE RIVERSIDE, CA 92501	N/A	
	Recipient's occupation	
	N/A	\$ 750.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
CASHIMIERE SMITH 4016 ADAIR STREET LOS ANGELES, CA 90011	N/A	
	Recipient's occupation	
	N/A	\$ 824.90
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
FRED AGUILAR FOR SUPERVISOR PO BOX 1565 OAKDALE, CA 95361	N/A	
	Recipient's occupation	
	SAN BERNARDINO COUNTY SUPERVISOR	\$ 2,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
FRIENDS OF MARK RIDLEY-THOMAS 900 WILSHIRE BLVD., #702 LOS ANGELES, CA 90017	N/A	
	Recipient's occupation	
	LOS ANGELES CITY COUNCIL	\$ 350.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
SERVICE EMPLOYEES INTERNATIONAL UNION 1313 L STREET NW WASHINGTON, DC 20005	N/A	
	Recipient's occupation	
	N/A	\$ 800.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	
		\$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 18,224.90