

Political Organization Report of Contributions and Expenditures

(OMB NO. 1545-1696)

A For the period beginning 01/01/2002 and ending 03/31/2002

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

1 Name of organization Long Term Careworkers for Seniors & People with Disabilities PAC **Employer identification number** 01-0585849

2 Mailing address (P.O. Box or number, street, and room or suite number)
8665 Wilshire Blvd., Suite 220
 City or town, state, and ZIP code
Beverly Hills, CA 90211-

3 E-mail address of organization _____ **4** Date organization was formed 01/27/02

5a Name of custodian of records
Mary Ellen Padilla **5b** Custodian's address
8665 Wilshire Blvd., Suite 220
Beverly Hills, CA 90211-

6a Name of contact person
Mary Ellen Padilla **6b** Contact person's address
8665 Wilshire Blvd., Suite 220
Beverly Hills, CA 90211

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
240 N. Virgil Ave., Ste. 203
 City or town, state, and ZIP code
Los Angeles, CA 90004-5293

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 quarterly report (due by January 31)

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

f Monthly report of: _____
 (due by the 20th day following the month shown above, except 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-election report (due by the 30th day after the general election)
 (1) Type of election: _____
 (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A) 101,516.27

10 Total amount of reported expenditures (total from all attached Schedules B) 68,258.85

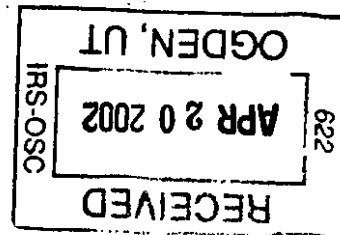
Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Mary Ellen Padilla
 Signature of authorized official

4-15-02
 Date

For Paperwork Reduction Act Notice, see separate instructions.



SCANNED APR 25 2002

Schedule A Itemized Contributions

Schedule A page 1 of 1

Name of organization Long Term Careworkers for Seniors & People with Disabilities PAC

Employer identification number

01-0585849

Contributor's name, mailing address and ZIP code Homecare Workers Union SEIU Local 434B "San Bernardino" 2515 Beverly Blvd. Los Angeles, CA 90057	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date 60,000.00	
Contributor's name, mailing address and ZIP code L.A. Homecare Workers Union SEIU Local 434B "Campaign Account" 2515 Beverly Blvd. Los Angeles, CA 90057	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date 33,988.23	
Contributor's name, mailing address and ZIP code Los Angeles Homecare Workers Union Local 434B SEIU PAC 2515 Beverly Blvd. Los Angeles, CA 90057	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date 4,000.00	
Contributor's name, mailing address and ZIP code Service Employees Intl Un Local 434B Federal COPE 2515 Beverly Blvd. Los Angeles, CA 90057	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date 3,528.04	
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	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872		101,516.27

Schedule B Itemized Expenditures

Name of organization Long Term Careworkers for Seniors & People with Disabilities PAC

Employer identification number
01-0585849

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
WEBTREND 1909 S. Susan St. Santa Ana, CA 92704	Recipient's occupation	
		68,258.85
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	
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	
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	
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	
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		68,258.85