

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY 496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Dignity CA SEIU Local 2015		Date of This Filing <u>09/19/2020</u>		RECEIVED BY LOS ANGELES COUNTY 2020 SEP 21 AM 8:15 9/19/2020 EMIL PROPOSITION B UNIT	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 985-0394	I.D. NUMBER (if applicable) 1357256	Report No. <u>33152</u>			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Los Angeles	STATE CA	ZIP CODE 90057	No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Holly Mitchell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor Los Angeles County	DISTRICT NO. District 2	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/19/2020	Staff Time Cumulative to date total \$54491.44	6,661.44

Reason for Amendment: _____