NAME OF FILER						RECEIVED BY ANGELDATE Stamp OF INDE	CALIECDIUA	
Dignity CA SEIU Local 2015					Date of		CALIFORNIA FORM	496
AREA CODE/PHONE NUMBER I.D. NUMBER (ifapplicable)				202	0 NOV -2 AM 8: 20	For Official Use		
(213) 985-0394		13572	56		Report No. 35175	OPOSITION B UNIT	1 of Official Ose	Offig
STREET ADDRESS						0003111014 5 01111		
					Amendment to Report No.			
CITY		STATE	ZIPCODE		(explain below)			
Los Angeles		CA	90057		No. of Pages1			
1. List Only One C	andidate or Ballot Meas	sure						
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Holly Mitchell								
OFFICE SOUGHT OR	HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
County Supervis	or Los Angeles County	District :	2 X					
2. Independent Ex	penditures Made Attach ad	ditional information	on on appropr	iately labele	d continuation sheets.			
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