NAME OF FILER Dignity CA SEIU Local 2015				Date of This Filing 10/24/2020	LOS AN Bate Stamp COUNT	CALIFORNIA FORM	496
REA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					- 2020 OCT 26 AM 8: 11	. 51	-
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NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
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DATE DESCRIPTION OF EXPENDITURE						AMOUNT	
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