

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER SEIU California State Council (nonprofit 501 (c)(5))			Date of This Filing <u>01/28/2020</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-3838	I.D. NUMBER (if applicable) 1372681	Report No. <u>30933</u>			
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/27/2020	Nurses and Educators for Lisa Calderon for Assembly 2020, sponsored by labor organizations Sacramento, CA 95814 ID# 1420753	Nurses and Educators for Lisa Calderon for Assembly 2020, sponsored by labor organizations	\$7,500.00	03/03/2020

Reason for Amendment: