

Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Service Employees International Union United Healthcare Workers West Political Issues Committee			Date of This Filing _____ 08/27/2020 _____	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 991800	Report No. _____ 08272020A _____			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland	STATE CA	ZIP CODE 94612	No. of Pages _____ 2 _____		

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)
08/26/2020	California Democratic Party Sacramento, CA 95814-4879 ID# 741666		\$100,000.00	11/03/2020

Reason for Amendment: