

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

Date Stamp
2019 DEC 31 PM 5:
PROPOSITION B UNIT

CALIFORNIA
FORM 497
For Official Use Only

NAME OF FILER Wesson for Supervisor 2020			Date of This Filing 12/31/2019
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1414475		Report No. 123119A
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 2

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/30/2019	Hollywood Chamber of Commerce Political Action Committee Los Angeles, CA 90028-7058 ID: 1326981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
12/30/2019	Carol Miller Pacific Palisades, CA 90272-1972	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Design Cal-Coast Companies	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
12/30/2019	Edward Miller Pacific Palisades, CA 90272-1972	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Cal-Coast Companies	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 497 (Jul/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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NAME OF FILER Wesson for Supervisor 2020		Date of This Filing 12/31/2019	2019 DEC 31 PM 5:03 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
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1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/30/2019	Freddie O Willlliams Los Angeles, CA 90018-4037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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 OTH - Other (s.g., business entity)
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FPPC Form 497 (Jul/2016)
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 www.fppc.ca.gov

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