

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA
FORM **497**
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NAME OF FILER Wesson for Supervisor 2020		Date of This Filing 2/10/2020
AREA CODE/PHONE NUMBER (213) 452-6565	ID. NUMBER (if applicable) 1414475	Report No. 021020A
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. (explain below) 1
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 1

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
02/07/2020	AllHealth Los Angeles, CA 90071-3300	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
02/07/2020	Sylvia Gates Carlisle Los Angeles, CA 90056-2235	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Charles R. Drew University of Science and Medicine	\$1,100.00 <input type="checkbox"/> Check if Loan Provide interest rate
02/07/2020	Steve O Michael Redondo Beach, CA 90277-4166	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Provost Charles R. Drew University of Science and Medicine	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

*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

Reason for Amendment: Amended contributions.