

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Women for Wesson for Supervisor 2020		Date of This Filing 2/25/2020	Date Stamp 2020 FEB 26 PM 5:30	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1425078	Report No. 02252020A	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Herb Wesson				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Board of Supervisors	DISTRICT NO. 2	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/16/2020	Field Program Expenses [Estimate]	\$6,000.00

Reason for Amendment: _____