

497 Contribution Report

Amounts may be rounded to whole dollars.

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 PROPOSITION B UNIT

CALIFORNIA FORM 497
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NAME OF FILER
Wesson for Supervisor 2020

Area Code/Phone Number (213) 452-6565 **I.D. NUMBER (if applicable)** 1414475

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 8/31/2020

Report No. 083120A

Amendment to Report No. (explain below)

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
08/28/2020	John Ohanesian Sherman Oaks, CA 91401-4616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Office of John P. Ohanesian	\$1,500.00 <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: _____

FPPC Form 497 (Jul/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov