Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

(Also Complete Part 5)

Sponsored

General Purpose Committee

3. Committee Information

STREET ADDRESS (NO P.O. BOX)

CITY

Los Angeles

Small Contributor Committee

Political Party/Central Committee

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

by Southwest Regional Council of Carpenters

ZIP CODE

90017

STATE

CA

Recall

Officeholder, Candidate Controlled Committee

State Candidate Election Committee

RECEIVED BY LOS ANGELES COUNTY COVER PAGE CALIFORNIA 460 2020 SEP 28 AH 8: 23 2001/02 9/24/2020 FE FORM Date of election if applicable Statement covers period (Month, Day, Year) ROPOSITION BUNIT of 4 Page 1 from - 7/1/20 For Official Use Only 9/19/20 11/3/20 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Committee I Semi-annual Statement Special Odd-Year Report Termination Statement Controlled (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 1425174 NAME OF TREASURER Working Families for Herb Wesson for Supervisor 2020, Sponsored Dan Langford MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CA 90071 (213) 452-6565 Los Angeles NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE (213) 452-6565 MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE STATE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS sshin@kaufmanlegalgroup.com I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify 4. Verification 9/24/2020 Executed on SIGNATURE OF TREASURER OR SEISTANT TREASURER Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016) DATE FPPC Advice: Executed on advice@fppc.ca.gov DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANGIDATE, OR STATE MEASURE PROPONENT (866/275-3772) Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT www.fppc.ca.gov DATE

. Officeholder or Candidate Controlled	Committee	6.Primarily Formed Ballot N	leasure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT N	JMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURIS	12	SUPPORT	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any			
×		NAME OF OFFICEHLOLDER, CANDIDATE, C	NAME OF OFFICEHLOLDER, CANDIDATE, OR PROPONENT		
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are princontributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	DISTRICT NO. IF	ANY	
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Candidate officeholder(s) or candidate(s) for which this com		tee List names of	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE Herb Wesson	OFFICE SOUGHT OR HELD County Supervisor	SUPPORT	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX	CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT	
CITY STATE ZIP CO	DE AREA CODE/PHONE	Attach continua	tion sheets if necessary		

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statement covers period		CALIFORNIA FORM		
from	9/19/2020	Page	3	of	4
			I.D. NU	MBER	

SEE INSTRUCTIONS ON REVERSE		through 9/19/2020	Page 3 of 4
NAME OF FILER	Supervisor 2020, Sponsored by Southwest Regional Council	of Carpenters	I.D. NUMBER 1425174

Contributions Received	Column A Total This Period (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$115,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$0.00	\$115,000.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$115,000.00	Made
Expenditures Made	·	V - 0.00	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$0.00	\$115,000.00	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$115,000.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$0.00	\$0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yyyy)
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$0.00	\$115,000.00	
Current Cash Statement	1	(4	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$0.00	To calculate Column B, add	
13. Cash Receipts	\$0.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash	\$100,000.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$0.00	may be negative figures that should be subtracted from	*Amounts in this section may be different from amoun
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$100,000.00	previous period amounts. If	reported in schedule B.
If this is a termination statement, Line 16 must be zero.	 	this is the first report being filed for this calendar year, only carry over the amounts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2+Line 9 in Column B above	\$0.00		FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule I Miscellaneous Increases to Cash

Statement covers period **CALIFORNIA** 460 7/1/2020

SEE INSTRUCTION	ONS ON REVERSE	from 7/1/2020 through 9/19/2020	Page 4 of 4
NAME OF FILER Working Famili	ies for Herb Wesson for Supervisor 2020, Sponsored by Southwest Regional	Council of Carpenters	I.D. NUMBER 1425174
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ÄLSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
09/11/2020	Southwest Regional Council of Carpenters Political Action Fund Los Angeles, CA 90071-1712 ID: 870169	Intermediary contribution to AA Victory PAC (FPPC ID: 1422549).	\$100,000.00

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$100,000.00
Schedule I Summary	
1. Itemized increases to cash this period.	\$100,000.00
2. Unitemized increases to cash of under \$100 this period	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	\$100,000.00