

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA
FORM **497**

NAME OF FILER California Association of Professional Employees PAC (CAPE PAC) supporting Wesson for Supervisor 2020			Date of This Filing 11/03/2020	2020 NOV -5 AM 8: PROPOSITION B UNIT	For Official Use Only
AREA CODE/PHONE NUMBER (626) 243-0340	I.D. NUMBER (if applicable) 761351		Report No. 35240		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pasadena	STATE CA	ZIP CODE 91107	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/02/2020	No on Measure J - Protect Essential Workers Sponsored by Labor Groups Representing Emergency Response Workers and Other Essential Workers. (ID# 1432592) Sacramento, CA 95814	Community Investment and Alternatives to Incarceration Minimum County Budget Allocation Los Angeles County Measure: J	10,000.00	11/03/2020

Reason for Amendment: _____