Recipient Committee Campaign Statement Cover Page		RECEIVED BY LOS ANGELES COUNT CALIFORNIA 460 2001/02
	Statement covers period from 1/1/2020	Date of election if applicable: (Month, Day, Year) FROPOSITION BUNIT For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 2/15/2020	3/3/2020
1. Type of Recipient Committee: All Committees- Comple	te Parts 1, 2, 3, and 4.	2. Type of Statement:
□ State Candidate Election Committee       Committee         □ Recall       □ Conmittee         (Also Complete Part 5)       □ Spon         □ General Purpose Committee       (Also Committee         □ Sponsored       ✓ Primari         □ Small Contributor Committee       Officel		✓ Preelection Statement Quarterly Statement       Semi-annual Statement     Special Odd-Year Report       □ Termination Statement     (Also file a Form 410 Termination)       □ Amendment (Explain below)
3. Committee Information 14250		Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Women for Wesson for Supervisor 2020		NAME OF TREASURER Cheryl Branch MAILING ADDRESS
STREET ADDRESS (NO P.O. BOX)		CITYSTATEZIP CODEAREA CODE/PHONELos AngelesCA90017(213)452-6565
	AREA CODE/PHONE 213) 452-6565	MAILING ADDRESS
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS sshin@kaufmanlegalgroup.com		OPTIONAL: FAX/E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califi	ornia that the foregoing is true and	t of my knowledge the information contained herein and in the attached schedules is true and complete. I certify I correct.
		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on By DATE		
Executed on DATE By DATE By DATE	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016) FPPC Advice:
Executed on By DATE By DATE	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT FPPC Form 460 (Jan/2016)

COVER PAGE-PART 2



NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP	Identify the controlling offic	eholder, candidate, or state measur
		NAME OF OFFICEHLOLDER, CAN	DIDATE, OR PROPONENT
Related Committees Not Included in this Stan not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO.
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Car officeholder(s) or candidate(s) for white	ch this committee is primarily formed.
NAME OF TREASURER	CONTROLLED COMMITTEE?		
		NAME OF OFFICEHOLDER OR CAN	
COMMITTEE ADDRESS STREET ADDRESS (NO P	YES NO	NAME OF OFFICEHOLDER OR CAN Herb Wesson	Board of
	.O. BOX)		Board of Supervisors
	YES NO	Herb Wesson	Board of Supervisors
CITY STATE	.O. BOX)	Herb Wesson	Board of Supervisors IDIDATE OFFICE SOUGHT OR HELD
CITY STATE	YES     NO       .O. BOX)	Herb Wesson	Board of Supervisors IDIDATE OFFICE SOUGHT OR HELD IDIDATE OFFICE SOUGHT OR HELD
	YES     NO       .O. BOX)	Herb Wesson	Board of Supervisors IDIDATE OFFICE SOUGHT OR HELD IDIDATE OFFICE SOUGHT OR HELD
CITY STATE	YES     NO       .O. BOX)	Herb Wesson	Board of Supervisors IDIDATE OFFICE SOUGHT OR HELD IDIDATE OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

e proponent, if any.

IF ANY

nittee List names of

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Herb Wesson	Board of	
	Supervisors	OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
		OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
		OPPOSE

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

Contributions         Schedule P. Line 3         Schedule P. Line 3         Schedule P. Line 3         Column A         Column A         Column B         Column B <th>Compaign Disalogura Statement</th> <th>Amounts may b</th> <th>be rounded</th> <th></th> <th>SUMMARY PAGE</th>	Compaign Disalogura Statement	Amounts may b	be rounded		SUMMARY PAGE	
SEE INSTRUCTIONS ON REVERSE         from         1.1/1/2020         Page         3 of         5           MMG OF FILES         Morean         for Wearon for Wearon for Supervisor 2020         Ib. NUMBER         1.257/2020         <	Campaign Disclosure Statement			Statement covers period CALIFORNIA		
Bit Instructions on NEVERSE       through       2/15/2020       Page       3 of       5         NAME OF FLER       Column A       I.D.NUMBER       I.D.NUMBER       I.D.NUMBER         Vomen for Nesson for Supervisor 2020       Column A       Column B	Summary Fage			from 1/1/2020	FORM	
NAME OF FLER       LD. NUMBER         Women for Wesson for Supervisor 2020       125078         Contributions Received       Column A Toal This Prend product ArtActio Scienceurs; 3 (1, 0, 001, 00)       Column B (1, Linknak Yuar, 10, Linknak Yuar, 10, 10, 000, 00)       Calendar Year Summary for Candidates Running in Both the State Primary and General Elections         1. Monetary Contributions.       Schedule 8, Line 3       \$10, 000, 00 <th></th> <th></th> <th></th> <th>2/15/2020</th> <th>Page <u>3</u> of <u>5</u></th>				2/15/2020	Page <u>3</u> of <u>5</u>	
Contributions Received       Column A Total This Period (REOM ATACHED SCHEDULES)       Column B Column B Column A (DARNA YEAR TOTAL TO ADART STATUACHED SCHEDULES)       Calendar Year Summary for Candidates Running in Both the State Primary and General Elections         1. Monetary Contributions	NAME OF FILER		I			
Total his Fiend (FROM ATTACHED ScienceLuss)     CALEMON YEAR TOTAL TO ATF     Running in Both the State Primary and General Elections       1. Monetary Contributions	Women for Wesson for Supervisor 2020				1425078	
2. Loans Received	Contributions Received	Total This Period	CALENDAR YEAR	Running in Both th	the State Primary and	
2. Loars Received.       Schedule B, Line 3       \$0.00	1. Monetary Contributions Schedule A, Line 3	\$10,000.00	\$10,000.00		1/1 through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS.       Add Lines 1 + 2       \$10,000.00       \$10,000.00       \$10,000.00       Received         4. Nonmonetary Contributions.       Schedule C, Line 3       \$3,000.00       \$3,000.00       \$1,000.00       \$1, Expenditures         5. TOTAL CONTRIBUTIONS RECEIVED.       Add Lines 3 + 4       \$13,000.00       \$13,000.00       \$1,00	2. Loans Received Schedule B, Line 3	\$0.00	\$0.00	20 Contributions		
5. TOTAL CONTRIBUTIONS RECEIVED.       Add Lines 3 + 4       \$13,000.00       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000       \$10,000,00 <td>3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2</td> <td>\$10,000.00</td> <td>\$10,000.00</td> <td></td> <td></td>	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$10,000.00	\$10,000.00			
5. TOTAL CONTRIBUTIONS RECEIVED.       Add Lines 3 + 4       \$13,000.00       \$13,000.00       Made         Expenditures Made         6. Payments Made.       Schedule E, Line 4       \$0.00       \$0.00       \$0.00         7. Loans Made.       Schedule H, Line 3       \$0.00       \$0.00       \$0.00       \$0.00         8. SUBTOTAL CASH PAYMENTS.       Add Lines 6 + 7       \$0.00       \$0.00       \$0.00       \$0.00         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3       \$0.00       \$0.00       \$0.00       \$0.00         10. Nonmonetary Adjustment.       Schedule C, Line 3       \$3,000.00       \$3,000.00       \$3,000.00       \$3,000.00         Current Cash Statement         12. Beginning Cash Balance.       Previous Summary Page, Line 16       \$0.00       \$0.00       \$3,000.00       \$3,000.00         13. Cash Receipts.       Column A, Line 3 above       \$10,000.00       \$10,000.00       To calculate Column A to the amounts in Column A to the amounts in Column A to the suprot, may be neglify unst that sup the regult wall and the suprot, may be neglify unst that sup the regult wall and the suprot, may be neglify unst that sup the call wall wall and the suprot, may be neglify unst that sup the regult wall and the suprot, may be neglify unst that sup the regult wall and the suprot, may be neglify unst that sup the regult wall and the suprot, may be neglify the suprot, may be neglify the suprot,		\$3,000.00	\$3,000.00	21. Expenditures		
C. Payments Made       Schedule E, Line 4       \$0.00       \$0.00         7. Loans Made       Schedule H, Line 3       \$0.00       \$0.00         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7       \$0.00       \$0.00         9. Accrued Expenses (Unpaid Bills)       Schedule F, Line 3       \$0.00       \$0.00       \$0.00         10. Nonmonetary Adjustment       Schedule C, Line 3       \$3,000.00       \$3,000.00       \$3,000.00         11. TOTAL EXPENDITURES MADE       Add Lines 8 +9 + 10       \$3,000.00       \$3,000.00       \$3,000.00         Current Cash Statement         12. Beginning Cash Balance       Previous Summary Page, Line 16       \$0.00       \$0.00       \$0.00         13. Cash Receipts       Column A, Line 3 above       \$0.00       \$0.00       \$0.00       \$0.00         14. Miscellaneous Increases to Cash       Schedule I, Line 4       \$0.00       \$0.00       \$0.00       \$0.00         15. Cash Payments       Column A, Line 8 above       \$0.00       \$10,000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00       \$10.000.00 <td>5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4</td> <td>\$13,000.00</td> <td>\$13,000.00</td> <td></td> <td></td>	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$13,000.00	\$13,000.00			
6. Payments Made	Expenditures Made				Summary for State	
7. Loans indede	6. Payments Made Schedule E, Line 4	\$0.00	\$0.00			
8. SUBTOTAL CASH PAYMENTS	7. Loans Made Schedule H, Line 3	\$0.00	\$0.00			
10. Nonmonetary Adjustment.       Schedule C, Line 3       \$3,000.00 <td>8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7</td> <td>\$0.00</td> <td>\$0.00</td> <td>(If Subject to v</td> <td>Joluntary Expenditure Limit)</td>	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$0.00	\$0.00	(If Subject to v	Joluntary Expenditure Limit)	
11. TOTAL EXPENDITURES MADE	9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00	Date of Election	Total to Date	
Current Cash Statement         12. Beginning Cash Balance	10. Nonmonetary Adjustment Schedule C, Line 3	\$3,000.00	\$3,000.00	(mm/dd/yyyy)		
12. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$3,000.00	\$3,000.00			
13. Cash Receipts	Current Cash Statement			1		
13. Cash Receipts						
14. Miscellaneous increases to Cash	•		corresponding amounts from			
10. Cash Payments			Some amounts in Column A			
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15       \$10,000.00       previous period amounts. If this is the first report being field for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).       reported in schedule B.         17. LOAN GUARANTEES RECEIVED	15. Cash Payments Column A, Line 8 above	\$0.00		*Amounts in this se	ction mav be different from amounts	
If this is a termination statement, Line 16 must be zero.       filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).         17. LOAN GUARANTEES RECEIVED	16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$10,000.00	previous period amounts. If			
17. LOAN GUARANTEES RECEIVED       Schedule B, Part 2       \$0.00       any).         Cash Equivalents and Outstanding Debts       18. Cash Equivalents	If this is a termination statement, Line 16 must be zero.		filed for this calendar year, only carry over the amounts			
18. Cash Equivalents   See instructions on reverse   \$0.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00				
18. Cash Equivalents   See instructions on reverse   \$0.00	Cash Equivalents and Outstanding Debts		1			
		\$0.00	1			
19. Outstanding Debts Add Line 2+Line 9 in Column B above \$0.00 FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377	19. Outstanding Debts       Add Line 2+Line 9 in Column B above	· · · · · · · · · · · · · · · · · · ·	1	EPPC A	FPPC Form 460 (Jan/2016) dvice: advice@fnpc.ca.gov (866/275-3772)	

## Schedule A

## Statement covers period CALIFORNIA 460 **Monetary Contributions Received** FORM 1/1/2020 from 2/15/2020 Page 4 of 5 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Women for Wesson for Supervisor 2020 1425078 IF AN INDIVIDUAL, ENTER CONTRIBUTOR AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE OCCUPATION AND EMPLOYER CODE \* RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME (IF REQUIRED) PERIOD OF BUSINESS) (JAN. 1-DEC. 31) ✓ IND \$3000.00 P-20 СОМ Kevin L Pickett 02/03/2020 Owner ОТН \$2,500.00 \$5,500.00 Summit Motel Los Angeles, CA 90056-1803 PTY SCC ✓ IND СОМ Gail L Porter 02/03/2020 Owner ОТН \$2,500.00 \$2,500.00 Summit Nail Bar Manhattan Beach, CA 90266-7018 PTY SCC IND United Building Company Inc. Сом 02/10/2020 ✓ ОТН \$5,000.00 \$5,000.00 PTY Redondo Beach, CA 90277-2585 SCC

SI	UBTOTAL	\$10,000.00	
Schedule A Summary			*Contributor Codes
1. Amount received this period -itemized monetary contributions. (Include all Schedule A subtotals.)		\$10,000.00	IND- Individual COM- Recipient Committee (other than PTY or SCC) OTH- Q her (e.g., business entity)
<ol> <li>Amount received this period -unitemized monetary contributions of less than \$100</li> <li>Total monetary contributions received this period.</li> </ol>		\$0.00	PTY- Political Party SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	TOTAL	\$10,000.00	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule	C		. Amounts may be rou to whole dollars.						SC	CHEDULE C
Nonmonetary Contributions Received		k	to whole donars.	Statement covers	CALIFORNIA FORM 460			460		
SEE INSTRUCTIO	ONS ON REVERSE				from $1/1/$ through $2/15/$		Page _	5	of	5
NAME OF FILER Women for W	Nesson for Supervisor 2020						I.D. NUMBE			
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 ( F SELF-EMPLOYED, ENTER NAME OF BUS NESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CALEN	TIVE TO DAT NDAR YEAR . 1-DEC. 31)	Ē	тс	ELECTION D DATE EQU RED)
		V IND							\$300	0.00 P-20

Office

Space

\$3,000.00

Псом

Потн

**PTY** 

Scc

Owner

Summit Motel

Kevin L Pickett

Los Angeles, CA 90056-1803

02/03/2020

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL	\$3,000.00	
Schedule C Summary			*Contributor Codes
1. Amount received this period -itemized nonmonetary contributions.			IND- Individual
(Include all Schedule C subtotals.)		\$3,000.00	COM- Recipient Committee (other than PTY or SCC)
2. Amount received this period -unitemized nonmonetary contributions of less than \$100		\$0.00	OTH- Other (e.g., business en ity) PTY- Political Party
. Total nonmonetary contributions received this period.			SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)	TOTAL	\$3,000.00	FPPC Form 460 (Jan/201

\$5,500.00