Recipient Committee Campaign Statement Cover Page

**COVER PAGE CALIFORNIA** 

460 2001/02 **FORM** 

Date of election if applicated JUL 31 PM 6: 47 Statement covers period (Month, Day, Year) Page of 15 PHOPOSITION B UNIT from 2/16/2020 For Official Use Only

through 6/30/2020 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees- Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Preelection Statement Quarterly Statement Primarily Formed Ballot Measure Committee State Candidate Election Committee ✓ Semi-annual Statement Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) (Also file a Form 410 Termination) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee .D. NUMBER Treasurer(s) 3. Committee Information 1425078 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Women for Wesson for Supervisor 2020 Cheryl Branch MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) 90017 Los Angeles CA (213) 452-6565 NAME OF ASSISTANT TREASURER, IF ANY CITY AREA CODE/PHONE STATE ZIP CODE Los Angeles 90017 (213) 452-6565 MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS 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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct FPPC Form 460 (Jan/2016)

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Executed on		By	,
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on		By	
-	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE	,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page

Cover Page			Date Star	unb C	2001/02 460		
		Statement covers period from 2/16/2020	Date of election if applicable: (Month, Day, Year)		F	FORM Page 1 of For Official Us	f 15 ne Only
SEE INSTRUCTIONS ON REVERSE		through 6/30/2020					
1. Type of Recipient Committee	All Committees- Compl	ete Parts 1, 2, 3, and 4.	2. Type of Staten	nent:			
☐ Officeholder, Candidate Controlled Comm ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee	Comr □ Co □ Sp (Also C	rily Formed Ballot Measure nittee ntrolled nonsored Complete Part 6) rily Formed Candidate/	Preelection Statemer Semi-annual Stater Termination Statemer (Also file a Form 410 T Amendment (Explain	nent ent ermination)	_	ly Statement Odd-Year Report	
Political Party/Central Committee	·	Complete Part 7)					
3. Committee Information	I.D. NUN 1425		Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO Women for Wesson for Superviso:	•		NAME OF TREASURER Cheryl Branch MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)			CITY Los Angeles	STATE CA	ZIP CODE 90017	AREA CODE/F (213) 452	
CITY STA' Los Angeles CA	90017	AREA CODE/PHONE (213) 452-6565	NAME OF ASSISTANT TREAS	URER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STRE		AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/Ph	HONE
OPTIONAL: FAX/E-MAIL ADDRESS sshin@kaufmanlegalgroup.com			OPTIONAL: FAX/E-MAIL ADDR	ESS			
under penalty of perjury under	r the laws of the State of Cali	ewing this statement and to he best ifornia that the foregoing is true and By			the attached sched	lules is true and comp	lete. I certify
DATE Executed on DATE	E	SIGNATURE OF CONTROLLING OFFI	SIGNATURE OF TREASURER OR ASSIST CEHOLDER, CANDIDATE, STATE MEASURE F		SIBLE OFFICER OF PRO	PONENT FPPC Forn	n 460 (Jan/2016
Executed onDATE			CONTROLLING OFFICEHOLDER, CANDIDATI	E, OR STATE MEASURE PRO	OPONENT		FPPC Advice ce@fppc.ca.go (866/275-3772
Executed on	E	SIGNATURE OF	CONTROLLING OFFICEHOLDER CANDIDATI	F OR STATE MEASURE PRO	OPONENT	w	ww.fppc.ca.go

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NAME OF OFFICEHOLDER OR CANDIDATE		6.Primarily Formed Ballo		
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 J	URISDICTION	SUPPORT
				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP	Identify the controlling officehol	der, candidate, or state measure	proponent, if an
		NAME OF OFFICEHLOLDER, CANDIDAT	TE, OR PROPONENT	
Related Committees Not Included in this Sta 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. I	F ANY
COMMITTEE NAME	I.D. NUMBER	7. Primarily Formed Candid officeholder(s) or candidate(s) for which this		ittee List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?  YES NO	NAME OF OFFICEHOLDER OR CANDIDA Herb Wesson	TE OFFICE SOUGHT OR HELD Board of	✓ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P	.O. BOX)		Supervisors	OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?			OPPOSE
	YES NO	NAME OF OFFICEHOLDER OR CANDIDA	TE OFFICE SOUGHT OR HELD	SUPPORT
	.O. BOX)			OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P				

**Campaign Disclosure Statement Summary Page** 

Statement covers period 2/16/2020 through \_6/30/2020

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

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	\$10,000.00	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	\$10,000.00	Received
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$3,000.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$13,000.00	Made
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$9,153.40	\$9,153.40	Candidates
7. Loans Made Schedule H, Line 3	\$0.00	\$0.00	22. Cumulative Expenditures Made *
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$9,153.40	\$9,153.40	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-\$179.23	\$1,341.71	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$3,000.00	(mm/dd/yyyy)
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	\$8,974.17	\$13,495.11	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$10,000.00	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	\$0.00	amounts in Column A to the corresponding amounts from	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	Column B of your last report. Some amounts in Column A	
15. Cash Payments Column A, Line 8 above	\$9,153.40	may be negative figures that should be subtracted from	*Amounts in this section may be different from amounts
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$846.60	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	\$1,341.71		FPPC Form 460 (Jan/2016)
			FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SCHEDULE D

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

State	ment covers period	CALIF	ORNI ORM	Α	460
from	2/16/2020		KIW	-	1 =
through	6/30/2020	Page	4	_of	15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  V Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Field Program Expenses	\$580.15	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  V Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$180.00	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	WEB	\$30.00	\$4,577.65	

Subtotal \$790.15

Schedule D Summary

SCHEDULE D

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$427.50	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  V Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$390.00	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  V Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$360.00	\$4,577.65	

**SUBTOTAL** \$1,177.50

#### **Schedule D Summary**

SCHEDULE D

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

State	ment covers period	CALIF	ORN RM	IA	460 15	
from	2/16/2020		ZIVI			
through	6/30/2020	Page	6	of	15	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	CNS	\$390.00	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  V Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	CNS	\$60.00	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure	CNS	\$532.50	\$4,577.65	

SUBTOTAL \$982.50

#### **Schedule D Summary**

SCHEDULE D

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Statement covers period rough  $\frac{2/16/2020}{6/30/2020}$  CALIFORNIA FORM FORM Page  $\frac{7}{2}$  of  $\frac{15}{2}$ 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$705.00	\$4,577.65	
03/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$427.50	\$4,577.65	
3/02/2020	Herb Wesson Board of Supervisors County: County of Los Angeles District No: 2  Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CNS	\$495.00	\$4,577.65	

**SUBTOTAL** \$1,627.50

#### **Schedule D Summary**

from 2/16/2020 through 6/30/2020

Statement covers period

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member com MTG mee ings and OFC office expens PET petition circula PHO phone banks POL polling and su POS postage, deliv PRO professional s PRT print ads	d appearances es ating urvey research very and messence		e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Cheryl Branch Los Angeles, CA 90011-2518		IND	Field Program Expenses, Herb Wesson, Support	\$1,520.94
Cheryl Branch Los Angeles, CA 90011-2518		IND	Field Program Expenses, Herb Wesson, Support	\$580.15
Patrice Broughton Walker Los Angeles, CA 90056-1803		IND	CNS, Herb Wesson, Support	\$180.00
* Payments that are contributions or independent expendit	ures must also be summariz	zed on Schedule	e D. SUBTOTAL	\$2,281.09
2. Unitemized payments made this period of under \$100				\$90.00
		, , ,	Column A, Line 6.)	\$0.00

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

from 2/16/2020 through 6/30/2020

Statement covers period

CALIFORNIA FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member co MTG mee ings ar OFC office expen PET petition circu PHO phone bank	mmunications nd appearances nses ulating	y enter the	F F S	RAD radio airtime and pr RFD returned contribution SAL campaign workers's FEL t.v. or cable airtime	oduction costs ns salaries and production co	sts
FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	POL polling and s POS postage, de			7 7 <b>V</b>	RS staff/spouse travel, SF transfer between co /OT voter registration VEB information technol	lodging, and meal mmittees of the sa	ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR	DESCRIP'	TION OF PAYMENT		AMOUNT PAID
Candida Centieo Los Angeles, CA 90056-1803		IND	CNS, H	erb Wesson, Sup	port		\$427.50
Donna DeLoach Los Angeles, CA 90044-3528		IND	CNS, H	erb Wesson, Sup	port		\$390.00
Devin Dixon Inglewood, CA 90305-3431		IND	CNS, H	erb Wesson, Sup	port		\$360.00
* Payments that are contributions or independent expenditure	s must also be summar	ized on Schedul	e D.			SUBTOTAL	\$1,177.50
Schedule E Summary							
Itemized payments made this period. (Include all Schedule							
2. Unitemized payments made this period of under \$100							\$90.00
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Part 1, C	Column (e).)				····· –	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on the S	Summary Page,	Column A, Li	ne 6.)		.TOTAL _	\$9,153.40
						F	PPC Form 460 (Jan/2016)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

from 2/16/2020 through 6/30/2020

Statement covers period

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

CODES: If one of the following codes accura	ately describes the pay	ment, you ma	ay enter the code.	Otherwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ss	••	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, a transfer between committe VOT voter registration WEB information technology co	s oduction costs and meals a, and meals es of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Carla Hardiman Los Angeles, CA 90044-3528		IND	CNS, Herb We	esson, Support		\$390.00
Jaylin Jamerson Inglewood, CA 90305-1428		IND	CNS, Herb We	esson, Support		\$532.50
Kaufman Legal Group  Los Angeles, CA 90017-5864		PRO				\$2,826.00
* Payments that are contributions or independent expend	ditures must also be summa	rized on Schedu	le D.	SUE	BTOTAL	\$3,748.50
Schedule E Summary  1. Itemized payments made this period. (Include all Sch  2. Unitemized payments made this period of under \$10						\$9,063.40 \$90.00
Total interest paid this period on loans. (Enter amour						<u> </u>
Total payments made this period. (Add Lines 1, 2, ar						\$9,153.40
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from 2/16/2020 through 6/30/2020

Statement covers period

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

CODES: If one of the following codes accurately desc	cribes the pay	ment, you ma	y enter the code. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating		s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group  Los Angeles, CA 90017-5864		OFC		\$228.81
Kalen Kristina Lehman Los Angeles, CA 90043-4906		IND	CNS, Herb Wesson, Support	\$705.00
Corrine Paige Los Angeles, CA 90056-1803		IND	CNS, Herb Wesson, Support	\$427.50
* Payments that are contributions or independent expenditures mus	t also be summar	rized on Schedul	e D. SUBTOTAL	\$1,361.31
2. Unitemized payments made this period of under \$100				\$90.00
·		, , ,	Column A, Line 6.)	\$9,153.40
4. Total payments made this period. (Add Lines 1, 2, and 3. Effet	nere and on the s	Summary Fage,		PPC Form 460 (Jan/2016)

SCHEDULE E Schedule E

Statement covers period 2/16/2020 from

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SEE INSTRUCTIONS ON REVERSE

**Payments Made** 

NAME OF FILER

Women for Wesson for Supervisor 2020

6/30/2020 through

> I.D. NUMBER 1425078

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\* CVC civic donations FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure LEG legal defense LIT campaign literature and mailings MBR member communications MTG mee ings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WFB information technology costs (Internet e-mail)

Lit campaign inerature and mailings	FIXT PHILLAUS		WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)		CODE (	R DESCRIPTION OF PAYMEN	AMOUNT PAID			
Alice Wingate Los Angeles, CA 90039-3102		IND	CNS, Herb Wesson, Support	\$495.00			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$495.00
Schedule E Summary		
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$9,063.40
2. Unitemized payments made this period of under \$100		\$90.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	.TOTAL	\$9,153.40

SCHEDULE F

Schedule F
Accrued Expenses (Unpaid Bills)

from 2/16/2020 through 6/30/2020

Statement covers period

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG mee ings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

Lit campaign inerature and mainings	i iti piiitaus		WED IIIIOIIIIat	tion technology costs (internet,	G-man)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Cheryl Branch Los Angeles, CA 90011-2518	Field Program Expenses	\$1,520.94	\$0.00	\$1,520.94	\$0.00
Kaufman Legal Group  Los Angeles, CA 90017-5864	PRO	\$0.00	\$821.50	\$0.00	\$821.50
Kaufman Legal Group  Los Angeles, CA 90017-5864	OFC	\$0.00	\$153.75	\$0.00	\$153.75
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$1,520.94	\$975.25	\$1,520.94	\$975.2
Schedule F Summary  1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized	payments on accrued expenses und	der \$100.)	IN	CURRED TOTALS	\$1,341.71
<ol><li>Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized</li></ol>				PAID TOTALS	\$1,520.94
3. Net change this period. (Subtract Line 2 from Line 1. Er and on the Summary Page, Column A, Line 9.)				NET	(\$179.23)
				`	ay be a negative number)

### Schedule F **Accrued Expenses (Unpaid Bills)**

Statement covers period 2/16/2020 from

**CALIFORNIA FORM** 

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I.D. NUMBER 1425078

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

LEG legal defense

IND independent expenditure

LIT campaign literature and mailings

MBR member communications

MTG mee ings and appearances

OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group	PRO	\$0.00	\$226.00	\$0.00	\$226.00
Los Angeles, CA 90017-5864	FRO	\$0.00	\$220.00	\$0.00	\$220.00
Kaufman Legal Group	OFC	\$0.00	\$140.46	\$0.00	\$140.46
Los Angeles, CA 90017-5864	OFC	Ş0.00	\$140.40	\$0.00	\$140.40

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$0.00	\$366.46	\$0.00	\$366.46
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Schedule accrued expenses of \$100 or more, plus total unitemized payments			INCURRE	D TOTALS	\$1,341.71
2. Total accrued expenses paid this period. (Include all Schedule F, accrued expenses of \$100 or more, plus total unitemized payments		on	PAI	D TOTALS	\$1,520.94
3. Net change this period. (Subtract Line 2 from Line 1. Enter the different on the Summary Page, Column A, Line 9.)				NET (Ma	(\$179.23) by be a negative number)

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

from 2/16/2020 through 6/30/2020

Statement covers period

CALIFORNIA FORM Page 15 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Women for Wesson for Supervisor 2020

I.D. NUMBER 1425078

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cheryl Branch

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
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FIL candidate filing/ballot fees
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TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

<sup>\*</sup>Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OF	२	DESCRIPTION OF PAYMENT		AMOUNT PAID
Urban Alchemy 360	CMP				\$786.25
Los Angeles, CA 90028-6206	CIME				\$700.23
Attach additional information on appropriately labeled continuation sheets.				TOTAL*	\$786.25

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

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.