

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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CALIFORNIA
FORM 496
For Official Use Only

NAME OF FILER Working for a Better LA to Support Wesson for Supervisor 2020, Sponsored by Los Angeles County Federation of Labor AFL-CIO		Date of This Filing 10/16/2020
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable)	Report No. 101720A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <small>(explain below)</small>
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 1

PROPOSITION B UNIT

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Herb Wesson				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor	DISTRICT NO. 2	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE	BALLOT NO/LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/16/2020	LIT \$546,880.90	\$24,157.01
10/16/2020	POS \$546,880.90	\$14,425.46

Reason for Amendment: _____