

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Wesson for Supervisor 2020		Date of This Filing 11/1/2020	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1414475	Report No. 110120A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	PROPOSITION B UNIT
CITY Los Angeles	STATE CA	ZIP CODE 90017	

1. Contributions Received

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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/31/2020	Sonny Tran South Gate, CA 90280-3301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Kedren Community Health Center, Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/31/2020	Stacy Weiss Pacific Palisades, CA 90272-4422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MD Kaiser	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (Jul/2016)
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