

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

2020-02-07 17:51

PCD 2134526575 >> 5626512548

P 1/2

NAME OF FILER Workers for a Better LA to Support Herb Wesson for Supervisor 2020, Sponsored by Labor Organizations		Date of This Filing 2/7/2020	RECEIVED BY LOS ANGELES COUNTY 2020 FEB 10 AM 8 CALIFORNIA FORM 496 PROPOSITION 8 UNIT For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1424793	Report No. 020720C	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
CITY Los Angeles	STATE CA	ZIP CODE 90017	
No. of Pages 2			

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
02/07/2020	LIT \$354,054.21	\$25,075.45
02/07/2020	POS \$354,054.21	\$14,811.90

Reason for Amendment: _____

FEB-07-2020 06:43PM From:2134526575

ID:CAMPAIGN FINANCE

Page:001

R=93%

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RECEIVED BY
LOS ANGELES COUNTY
2020 FEB 10 AM 8:25
PROPOSITION B UNIT

CALIFORNIA FORM 496

For Official Use Only

NAME OF FILER

Workers for a Better LA to Support Herb Wesson for Supervisor 2020, Sponsored by Labor Organizations

3. Contributions of \$100 or More 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	INTEREST RATES
02/06/2020	Los Angeles County Labor AFL-CIO Council on Political Education Los Angeles, CA 90006-2202 ID: 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,000.00	If loan, enter interest rate, if any _____ %

Reason for Amendment: _____

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**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