497 Contribu	ution Report	Amount	s may be rounded to v	hole dollars.	RECEIVED DY	
NAME OF FILER Washington for S	Supervisor 2020		Date of This Filing	02/24/2020	ANGERAGE	FORM 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 877-276-4835 1425005			Report No.	1 20	OMAR 10 PM 4:04	For Official Use Only
STREET ADDRESS			Amendment to Report No.		OPOSITION B UNIT	
CITY Los Angeles		STATE ZIP CODE CA 90046	(explain below) No. of Pages			
1. Contribution	(s) Received		35.			
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 EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BU	
12/31/2019	Desiree T. Washington Los Angeles, CA 90046			IND COM OTH PTY SCC	Attorney, Self Employed, Wash Law Firm	1,805.45 IX Check if Loan 0 Provide interest rate
02/24/2020	Desiree T. Washingto			IND COM OTH PTY SCC	Attorney, Self Employed, Wash Law Firm	Check if Loan O Provide interest rate
				IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————
Reason for Amend	dment:				* Contributor Codes IND - Individual COM - Recipient Committe OTH - Other (e.g., busines PTY - Political Party SCC - Small Contributor C	ss entity)

FPPC Form 497 (Feb/2019)
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