

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
 497 CONTRIBUTION REPORT

NAME OF FILER Bob Lindsey for LA County Sheriff 2018		Date of This Filing 04/20/2018	Date Stamp 2018 APR 20 PM 1:	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626)594-5954	I.D. NUMBER (if applicable) 1397439	Report No. 2018-16	CAMPAIGN FINANCE	
STREET ADDRESS CITY STATE ZIP CODE West Covina CA 91790		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		

1. Contribution(s) 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
04/20/2018	Jacquelyn S. Anderson Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
04/20/2018	James F. Anderson Sacramento, CA 95827	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____