497 Contribution Report

No. 0895

Amoun NAME OF FILER McDonnell for LA County Sheriff 2018 AREA CODE/PHONE NUMBER LD. NUMBER (Napplicable) 1393521 STREET ADDRESS CITY STATE ZIP CODE			Amounts may be rounded to w		RECEIVED BY	497 CONTRIBUTION REPORT CALIFORNIA 497 FORM For Official Use Only	
			Date of This Filing _	04/25/2018	NGEL LONGSON TY		
			Report No. 24	CAM	PAIGN FINANCE		
			to Report No. (explain below) No. of Pages				
1. Contribut	ion(s) Received						
DATE RECEIVED	FULL NAME	F CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
04/24/2018	Jack Heydorff			IND COM OTH PTY SCC	Chairman Architectural Woodwork	Company	1,000.00
D4/24/2018	D. Michael Van Kony	zenburg		COM OTH PTY SCC	President Eastdil Secured		1,000.00
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC	·		☐ Check if Loan *% Provide interest rate
Reason for Amen	ndment:				*Contributor Codes IND—Individual COM—Recipient Cor OTH—Other (e.g., b PTY—Political Party SCC—Small Contribu	usiness enti	er than PTY or SCC)

Amounts may be rounded to whole dollars.