

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY CALIFORNIA
FORM 497
2014 AUG 19 AM 9:59
CAMPAIGN FINANCE DISCLOSURE SECTION
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NAME OF FILER McDonnell for LA County Sheriff 2014		Date of This Filing 08/18/2014
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1362923	Report No. 081514-01
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.
CITY	STATE	ZIP CODE
		No. of Pages

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
08/15/2014	Eric Smidt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager CPLLC	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/15/2014	Susan Smidt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <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