

497 Contribution Report

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

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CAMPAIGN FINANCE DISCLOSURE SECTION

497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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NAME OF FILER McDonnell for LA County Sheriff 2014		Date of This Filing 09/18/2014
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1362923	Report No. 091714-01
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
09/17/2014	Richard Carieri	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Lifetech Resources	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
09/17/2014	O'Melveny & Myers LLP PAC ID: 802120	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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