

# 497 Contribution Report

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

RECEIVED BY  
103 7/10/14  
Date Stamp

497 CONTRIBUTION REPORT

CALIFORNIA  
FORM **497**

For Official Use Only

2014 MAR 25 PM 1:10

CALIFORNIA  
DISCLOSURE SECTION

**NAME OF FILER**  
FRIENDS OF JAMES HELLMOLD FOR SHERIFF 2014

**AREA CODE/PHONE NUMBER** \_\_\_\_\_ **I.D. NUMBER (if applicable)**  
1363140

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Date of This Filing** 03/25/2014

**Report No.** 03252014

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

## 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
03/24/2014	NETWORK ADJUSTERS, INC.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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
		<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: \_\_\_\_\_  
 \_\_\_\_\_