

No. 3526 P. 1

California Political Law Inc

Apr. 24. 2014 5:54PM

497 Contribution Report

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

RECEIVED 497 CONTRIBUTION REPORT

NAME OF FILER McDonnell For LA County Sheriff		Date of This Filing 4/24/2014	Date Stamp 2014 APR 25 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	Report No. 042314-01	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
CITY	STATE	ZIP CODE	
		No. of Pages 1	

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
04/23/2014	Khawar Siddique	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spine Surgeon Beverly Hills Spine Surgery	\$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