

496 Independent Expenditure Report

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

RECEIVED BY
LOS ANGELES COUNTY
CAMPAIGN FINANCE DISCLOSURE SECTION

NAME OF FILER Friends of McDonnell for Sheriff 2014 AREA CODE/PHONE NUMBER STREET ADDRESS CITY STATE ZIP CODE		Date of This Filing 5/21/2014 Report No. 1 Amendment to Report No. (Optional - continue) No. of Pages 1	(Date Stamp) 2014 MAY 23 AM 9: CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 496 For Campaign Use Only
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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jim McDonnell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Other Sheriff	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO. & TITLE	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/21/2014	Radio Adn \$75,054.00	\$77,554.00
05/21/2014	Radio Adn \$75,054.00	\$7,950.00
05/21/2014	Radio Adn \$75,054.00	\$29,550.00

3. Contributions of \$100 or More 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	INTEREST RATES
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Reason for Amendment: _____

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**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

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Friends of McDonnell for Sheriff 2014			Date of This Filing 5/21/2014		(State Filing) LOS AN GELES CALIFORNIA 496 2014 MAY 23 AM 11:21 CAMPAIGN FINANCIAL DISCLOSURE SECTION	
ARE A CODE/PHONE NUMBER			ID NUMBER (if applicable) 1163259		Report No. 1	
STREET ADDRESS			STATE		ZIP CODE	
CITY			Amendment to Report No.		No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jim McDonnell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Other Sheriff	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO AT FTR	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/21/2014	Radio Adn \$75,054.00	\$37,554.00
05/21/2014	Radio Adn \$75,054.00	\$7,950.00
05/21/2014	Radio Adn \$75,054.00	\$29,550.00

3. Contributions of \$100 or More 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	INTEREST RATES
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