

**497 Contribution Report**

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> McDonnell for LA County Sheriff 2014		<b>Date of This Filing</b> 08/29/2014	RECEIVED BY LOS ANGELES CO 2014 AUG 29 PM 4:48 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM <b>497</b> For Official Use Only 619350
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1362923	<b>Report No.</b> 082814-01	
<b>STREET ADDRESS</b>		<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 1	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>No. of Pages</b>			

**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
08/28/2014	Hye Kang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health & Beauty Consultant Grace K. Lee	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/28/2014	Laurence Stearn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mortgage Broker Laurence Stearn	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: Corrected contribution amount

\*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

MP

No. 4127 P. 1

California Political Law Inc

Aug. 29. 2014 4:43PM

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<b>AREA CODE/PHONE NUMBER</b>	<b>LD. NUMBER (if applicable)</b> 1362923	<b>Report No.</b> 082814-02		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b>	

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/28/2014	Roberta Gelb	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Gelb Group	\$1,150.00 <input type="checkbox"/> Check if Loan Provide interest rate

Reason for Amendment: \_\_\_\_\_

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