497 Contribution Report

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

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

RECEIVED BY LOS ANGELES COUNTY
2014 SEP -2 PM 2:3
CAMPAIGN FINANCE DISCLOSURE SECTION
Date Stamp

NAME OF FILER Friends of McDonnell for Sheriff 2014		**Date of This Filing** 9/2/2014
AREA CODE/PHONE NUMBER	**I.D. NUMBER (if applicable)** 1363259	**Report No.** 090214
STREET ADDRESS		☐ **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
08/29/2014	Sell Miles Now	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$3,200.00 ☐ Check if Loan [redacted]% 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