

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff 2014		Date of This Filing 09/04/2014	Date Stamp RECEIVED LOS ANGELES COUNTY 2014 SEP -5 PM 5:23 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1362923	Report No. 090514-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		

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
09/04/2014	Antonio De Cardenas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney De Cardenas Law Group	\$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

No. 4129 P. 1
 Sep. 2. 2014 4:40PM
 California Political Law Inc