

No. 4110 P. 1
SEP. 9. 2014 3:53PM CALIFORNIA POLITICAL LAW INC

497 Contribution Report

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

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LOS ANGELES COUNTY
Date Stamp
2014 SEP -9 PM 3:36
CAMPAIGN FINANCE
DISCLOSURE SECTION

497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff 2014		Date of This Filing 09/09/2014	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	Report No. 090914-01	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
CITY	STATE	ZIP CODE	
		No. of Pages	

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
09/08/2014	Paul Nassif M.D.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plastic Surgeon Paul Nassif MD Inc	\$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