

001/002

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of McDonnell for Sheriff 2014		Date of This Filing 09/15/2014	RECEIVED LOS ANGELES CA 2014 SEP 15 PM 3:11 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	CALIFORNIA 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363259	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/12/2014	California Commerce Club, Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		45000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC

09/15/2014 14:08 FAX 12134526575

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NAME OF FILER Friends of McDonnell for Sheriff 2014		Date of This Filing _____	RECEIVED LOS ANGELES COUNTY 2014 SEP 15 CAMPAIGN FINANCE DISCLOSURE SECTION 212	LATE CONTRIBUTION REPORT FORM 497 For Official Use Only PH 3:11
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363259	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		No. of Pages _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC 12134526575 09/15/2014 14:08 FAX