

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> 09/24/2014	RECEIVED BY LOS ANGELES COUNTY 2014 SEP 24 PM 4:59 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1362923	<b>Report No.</b> 092314-01		
<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No.		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</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
09/23/2014	Ronald Rogers	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Rogers Finn Partners	\$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. 4295 P. 1  
 Sep. 24, 2014 4:56PM California Political Law Inc

497 Contribution Report

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497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> McDonnell for LA County Sheriff 2014		<b>Date of This Filing</b> 09/25/2014	Date Stamp RECEIVED LOS ANGELES 2014 SEP 25 PM 4:07 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1362923	<b>Report No.</b> 092414-01		
<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No.		
<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
09/24/2014	Robert Blaine	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Blaine Labs	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/24/2014	Mani Brothers, LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/24/2014	United Fabricare Supply, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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FPPC Form 497 (March 2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

No. 4297 P. 1  
Sep. 25. 2014 3:40PM California Political Law Inc