

10/03/2014 13:15 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/002

# Late Contribution Report

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

<b>NAME OF FILER</b> Friends of McDonnell for Sheriff 2014		<b>Date of This Filing</b> 10/03/2014	RECEIVED BY LOS ANGELES CO 2014 OCT -3 PM 3:26 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1363259	<b>Report No.</b> 1		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
10/02/2014	Assn. for LA Deputy Sheriffs State PAC  ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
	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: \_\_\_\_\_

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<b>NAME OF FILER</b> Friends of McDonnell for Sheriff 2014		<b>Date of This Filing</b> _____	RECEIVED LOS ANGELES 2014 OCT -3 PM 3:26 CAMPAIGN FINANCE DISCLOSURE SECTION 212	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1363259	<b>Report No.</b> _____		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		<b>No. of Pages</b> _____

## 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: \_\_\_\_\_