

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 10/13/2014	RECEIVED BY LOS ANGELES COUNTY 2014 OCT 14 AM 8:57 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	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		
		No. of Pages 2		

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
10/10/2014 	H&N Robertson LTD ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
10/10/2014 	Lewis Brisbois Bisgaard & Smith LLP ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
	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 PTY - Political Party
 COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee
 OTH - Other

Reason for Amendment: _____

002/002
 KAUFMAN LEGAL GROUP APC
 10/13/2014 20:54 FAX 12134526575

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NAME OF FILER
 Friends of McDonnell for Sheriff 2014

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
 _____ 1363259

STREET ADDRESS

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing _____

Report No. _____

Amendment to Report No. _____
 (explain below)

No. of Pages _____

LATE CONTRIBUTION REPORT

RECEIVED BY
 LOS ANGELES COUNTY
 2014 OCT 14 AM 8:57
 CAMPAIGN FINANCE
 DISCLOSURE SECTION

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Late Contribution(s) Made

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

Reason for Amendment: _____