

10/16/2014 15:59 FAX 12134526575  
 KAUFMAN LEGAL GROUP APC  
 001/001

# 496 Independent Expenditure Report

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

RECEIVED BY  
 LOS ANGELES COUNTY  
 496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Friends of McDonnell for Sheriff 2014		Date of This Filing 10/16/2014	Date Stamp 2014 OCT 17 AM 8:49 CALIFORNIA FORM 496 For Official Use Only CAMPAIGN FINANCE DISCLOSURE SECTION
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1363259	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Jim McDonnell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Other Sheriff	DISTRICT NO.	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/15/2014	POS \$325,999.50	\$29,199.75
10/15/2014	LIT \$325,999.50	\$45,796.00

## 3. Contributions of \$100 or More 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	INTEREST RATES
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Reason for Amendment: \_\_\_\_\_

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*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