

**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> 10/17/2014	RECEIVED BY LOS ANGELES CO 2014 OCT 17 PM 3:24 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM <b>497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1362923	<b>Report No.</b> 101614-01		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b>		
<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
10/16/2014	AHMC Anaheim Regional Medical Center	<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
10/16/2014	AHMC Healthcare 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
10/16/2014	AHMC San Gabriel Medical Center	<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

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. 4470  
 California Political Law Inc  
 UCL 17. 2014 3:10PM

497 Contribution Report

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<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No.		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

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10/16/2014	Alhambra Hospital Medical Center	<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
10/16/2014	Allied Pacific of California IPA	<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
10/16/2014	Dennis Chan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Dennis Y. Chan, M.D.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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California Political Law Inc

Oct. 17. 2014 3:16PM

497 Contribution Report

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10/16/2014	Josephine Chan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Vivian Chan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent Vivian Chan	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Wing Chan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Wing C. Chan, M.D.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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10/16/2014	Kenny Chang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President KCAL Insurance Agency	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Concourse Diagnostic Surgery Center 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
10/16/2014	Judy Flesh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychotherapist Judy Flesh	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER McDonnell for LA County Sheriff 2014		Date of This Filing 10/17/2014	RECEIVED BY: 497 CONTRIBUTION REPORT LOS ANGELES CO CALIFORNIA FORM 497 2014 OCT 17 PM 3:24 For Official Use Only CAMPAIGN FINANCE DISCLOSURE SECTION
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	Report No. 101614-01	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.	
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10/16/2014	Garfield Medical Center	<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
10/16/2014	Robert Gin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/16/2014	Wendy Han	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Advisor Cresta Orange County	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

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SANTA MONICA  
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CAMPAIGN FINANCE  
DISCLOSURE SECTION  
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10/16/2014	Kevin Hsu	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escrow Manager Culture Escrow Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Wendy Hwang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Escrow Manager Culture Escrow Inc.	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Douglas Kazanjian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeweler Kazanjian Bros.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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10/16/2014	Kristie Kazanjian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Stanley Kazanjian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Kazanjian Bros.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Keun Kim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker HSBC Bank	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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No. 44/0 P. 8  
 Oct. 17, 2014 3:16PM California Political Law Inc

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LOS ANGELES COUNTY  
2014 OCT 17 PM 3:24  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

497 CONTRIBUTION REPORT

CALIFORNIA  
FORM **497**

For Official Use Only

**NAME OF FILER**  
McDonnell for LA County Sheriff 2014

**AREA CODE/PHONE NUMBER** \_\_\_\_\_ **I.D. NUMBER (if applicable)**  
1362923

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

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10/16/2014	Kuba & Associates	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Chin-Ho Liao	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Linda Marsh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President AHMC Healthcare	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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No. 4470 P. 9  
California Political Law Inc  
Oct. 17. 2014 3:17PM

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<b>STREET ADDRESS</b>	
<b>CITY</b>	<b>STATE ZIP CODE</b>

<b>Date of This Filing</b>	10/17/2014
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CAMPAIGN FINANCE DISCLOSURE SECTION

**1. Contributions Received**

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10/16/2014	Network Medical Management	<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
10/16/2014	Hse Sheng Suen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Kenneth Sim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Kenneth Sim	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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No. 4470 P. 10 Oct. 17. 2014 3:17PM California Political Law Inc

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10/16/2014	Simone Sim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Sam Solakyan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Global Holdings Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Suzanna Solakyan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Global Holdings	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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10/16/2014	Solis for Congress	<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
10/16/2014	Ford Suen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Trade Winds Motel	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Hu Kya Sein Suen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Motel Owner Auto Lodge Motel	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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California Political Law Inc  
Oct. 17, 2014 5:11PM

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Date Stamp  
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CALIFORNIA FORM 497  
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10/16/2014	Rosie Tsu-Rong Wang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President 3-G Capital	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/16/2014	Roger Wang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Trans Pacific Management	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
10/16/2014	Vivine Wang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate

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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
10/16/2014	Whittier Hospital Medical Center	<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
10/16/2014	Sophia Wong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/16/2014	Yu Yao, M.D., A Professional Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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. 447V

CALIFORNIA POLITICAL LAW INC

OCT. 17. 2014 3:11PM

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff 2014		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing 10/17/2014

Report No. 101614-01

Amendment to Report No. \_\_\_\_\_

No. of Pages \_\_\_\_\_

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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
10/16/2014	Anqiang Zhang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Doron Technology, Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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