

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		Date of This Filing 5/12/2014	Date Stamp RECEIVED LOS ANGELES 2014 MAY 12 PM 2:56 CAMPAIGN FINANCE DISCLOSURE ACT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	Report No. 050914-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		
		No. of Pages 2		

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
05/09/2014	Jerry Baik	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Los Angeles City Attorney's Office	\$1,428.36 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/09/2014	Christopher Melcher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Walzer & Melcher LLP	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/09/2014	Joseph Sherwood	<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

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

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497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff		Date of This Filing 5/12/2014	RECEIVED BY LOS ANGELES COUNTY 2014 MAY 12 PM 2:46 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362923	Report No. 050914-01		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		

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
05/09/2014	Luke Tharasri	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Coastal Community Hospital	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/09/2014	Donahue Wildman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yogurt & Ice Cream Shop Owner Malibu Yogurt & Ice Cream	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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No. 3666 P. 2

California Political Law Inc

May. 12. 2014 2:33PM