

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2018 APR 10 PM 1:47
CAMPAIGN FINANCE

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER Bob Lindsey for LA County Sheriff 2018			Date of This Filing 04/11/2018
AREA CODE/PHONE NUMBER (626)594-5954	I.D. NUMBER (if applicable) 1397439		Report No. 2018-11
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY West Covina	STATE CA	ZIP CODE 91790	No. of Pages 1

1. Contribution(s) 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
04/09/2018	Stephanie Moriarty Los Angeles, CA 90089 Inkind	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sign Contractor Signs 911, inc	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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