

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
2018 MAR 23 AM 11:51  
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff 2018			Date of This Filing 03/23/2018	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (562) 427-2100	F.D. NUMBER (if applicable) 1393521		Report No. 23647		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Long Beach	STATE CA	ZIP CODE 90807	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
03/22/2018	Mark Litman Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President and Founder Ridan, Inc.	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/22/2018	Tamara Litman Westlake Village, CA 91361	<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
		<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

\*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

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

MAR-23-2018 01:49PM From:

ID: CAMPAIGN FINANCE

Page: 001

R: 95%

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NAME OF FILER McDonnell for LA County Sheriff 2018		Date of This Filing 03/23/2018	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2018 MAR 23 PM 3:11 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 427-2100	I.D. NUMBER (if applicable) 1393521	Report No. 23664		
STREET ADDRESS Long Beach		CITY Long Beach	STATE CA	ZIP CODE 90807
		<input type="checkbox"/> Amendment to Report No. (explain below)	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
03/22/2018	Gary Miller for Congress Azusa, CA 91702	<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
		<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: \_\_\_\_\_

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Mar. 23, 2018 2:50PM

No. 0843 P. 1