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 RAUFMAN LEGAL GROUP APC  
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 00.02 PAA  
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497 Contribution Report

Type or print name  
 Amounts may be rounded to whole dollars

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Friends of McDonnell for the 11th 2014		<b>Date of This Filing</b> 4/2/2014	RECEIVED 2014 APR -3 PM 4:56 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>497</b> For (Month/Year Only)
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1161259	<b>Report No.</b>		
<b>STREET ADDRESS</b>	<input type="checkbox"/> Amendment to Report No.	<b>No. of Pages</b> 1		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/01/2014	Robert Flesh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Community Asset Management.	\$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

497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Friends of McDonnell for Sheriff 2014		<b>Date of This Filing</b> 4/3/2014	RECEIVED BY LOS ANGELES COUNTY 2014 APR -3 PM 4:35 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1363259	<b>Report No.</b> 1		
<b>STREET ADDRESS</b>		<input type="checkbox"/> Amendment to Report No.		
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017		<b>No. of Pages</b> 1

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
04/02/2014	Janet Crown	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Burn 60	\$50,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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

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 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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