

Late Contribution Report

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

NAME OF FILER
Friend of McDonnell for Sheriff 2014

Date of This Filing 05/15/2014

RECEIVED
LOS ANGELES COUNTY

LATE CONTRIBUTION REPORT

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

Report No. 1

2014 MAY 15 PM 1:40

For Official Use Only

1363250

Amendment to Report No.

CAMPAIGN FINANCE DISCLOSURE SECTION

No. of Pages 2

172

STREET ADDRESS

CITY STATE ZIP CODE

Los Angeles CA 90017

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
05/14/2014	Frank Baxter ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

00/10/2014 13:53 FAX 12104920973 RAUFMAN LEGAL GROUP A/C

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
Friends of McDonnell for Sheriff 2014

Date of This Filing

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

Report No.

STREET ADDRESS

1363259

Amendment to Report No.

(complete below)

No. of Pages

2/2

For Official Use Only

CITY _____ **STATE** _____ **ZIP CODE** _____

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

05/15/2014 13:33 FAX 12134526575 KAUFMAN LEGAL GROUP APC 002/002

Late Contribution Report

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

NAME OF FILER
Friends of McDonnell for Sheriff 2014

Date of This Filing 05/21/2014

Date Stamp

RECEIVED
LOS ANGELES

CALIFORNIA FORM 497

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

Report No. 1

2014 MAY 21 PM 2:32

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STREET ADDRESS

1303250

[] Amendment to Report No.

CAMPAIGN FIN
DISC

CITY

STATE

ZIP CODE

No. of Pages 2

1/2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER OR DATE EMPLOYED (ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/20/2014	Ralph Myers ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1500 00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

***Contributor Codes**

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: _____

002/002

Late Contribution Report

Type or print in ink
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NAME OF FILER
Friends of McDonnell for Sheriff 2014

AREA CODE / PHONE NUMBER

ID NUMBER of applicant

1303250

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing

Report No.

Amendment to Report No.

No. of Pages

RECEIVED BY
LOS ANGELES CO
2014 MAY 21 PM 2:32
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DISC
212

CALIFORNIA FORM 497

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC

12134526575

14:10 FAX

05/21/2014