

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

|                                                                                                                        |                                            |                                                                                  |                              |                                                     |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------|
| <b>NAME OF FILER</b><br>MOTHERS FOR A SAFE LA COUNTY; A COMMITTEE IN SUPPORT OF BOB LINDSEY FOR LA COUNTY SHERIFF 2018 |                                            | <b>Date of This Filing</b> <u>05/21/2018</u>                                     | Date Stamp                   | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br><br>(213) 489-4792                                                                           | I.D. NUMBER (if applicable)<br><br>1400771 | <b>Report No.</b> <u>1</u>                                                       |                              |                                                     |
| STREET ADDRESS<br><br>CITY STATE ZIP CODE<br><br>LONG BEACH CA 90802                                                   |                                            | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) | <b>No. of Pages</b> <u>1</u> |                                                     |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                           |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 05/19/2018    | Daniel Passman<br>Los Angeles, CA 90064                                                                        | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Gang, Tyre, Ramer & Brown, Inc.                                                                  | 1,500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate         |
|               |                                                                                                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                              | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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