

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

NAME OF FILER McDonnell for LA County Sheriff 2018		Date of This Filing 09/24/2018	Date Stamp 2018 SEP 25 PM 12:00 CALIFORNIA FORM 497 CAMPAIGN FINANCE For Official Use Only
AREA CODE/PHONE NUMBER (562) 427-2100	I.D. NUMBER (if applicable) 1393521	Report No. 26909	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2
CITY Long Beach	STATE CA		

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
09/21/2018	Lori Doty Palos Verdes Peninsula, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide Interest rate
09/21/2018	Stephen Doty Palos Verdes Peninsula, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer LWCCO	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide Interest rate
09/21/2018	Laura Getzoff Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor The Getzoff Group, Inc.	1,500.00  <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 \_\_\_\_\_

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<b>STREET ADDRESS</b>  _____		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Long Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 90807	
<b>No. of Pages</b> 2			

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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
09/21/2018	Stephen Getzoff Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Public Accountant Clumbeck, Stern, Schenkelberg & Getzoff	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/21/2018	Surendra Jain Palos Verdes Peninsula, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/21/2018	Amelita Rabago Henderson, NV 89012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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