

# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
McDonnell for LA County Sheriff 2018

**AREA CODE/PHONE NUMBER** (562) 427-2100

**I.D. NUMBER (if applicable)** 1393521

**STREET ADDRESS**

**CITY** Long Beach **STATE** CA **ZIP CODE** 90807

**Date of This Filing** 11/07/2018

**Report No.** 29309

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

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## 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
11/01/2018	Carolyn Miller New Braunfels, TX 78132	<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
		<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: \_\_\_\_\_

\*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