

497 Contribution Report

Type or print name
Amounts may be rounded to whole dollars

497 CONTRIBUTION REPORT

NAME OF FILER Friends of Bobby Shriver for Supervisor 2014		Date of This Filing 03/18/2014	RECEIVED BY LOS ANGELES CO 2014 MAR 20 AM 9:12 CAMPAIGN FINANCE DISCLOSURE OFFICE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1362001	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		
No. of Pages 1				

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
03/18/2014	Bette Aitken	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Philanthropist Bette Aitken	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/18/2014	Wylie Aitken	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Aitken Aitken Cohn	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/18/2014	Jeffrey Bewkes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Time Warner	\$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