

002/002

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER

Friends of Bobby Shriver for Supervisor 2014

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

1302881

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing

Report No.

Amendment to Report No.

No. of Pages

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LOS ANGELES COUNTY

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CAMPAIGN FINANCE
DISCLOSURE SECTION

2/2

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 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:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC
04/30/2014 18:52 FAX 12134526575