

# 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

Date of This Filing 05/07/2014

RECEIVED BY  
LOS ANGELES COUNTY

CALIFORNIA FORM 497

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

Report No. 1

2014 MAY -8 AM 8:07

For Official Use Only

STREET ADDRESS

1362881

Amendment to Report No.

CAMPAIGN FINANCE DISCLOSURE SECTION

410757

CITY STATE ZIP CODE

(optional but required)

No. of Pages 2

1 / 2

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF NOT EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/06/2014	Suzanne Kayne ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor WEA Realtors	5000.00
05/06/2014	Richard Plepler ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO HBO	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

**\*Contributor Codes**

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

001/002

KAUFMAN LEGAL GROUP APC

05/07/2014 19:04 FAX 12134526575

# 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

**Date of This Filing**

RECEIVED BY  
LOS ANGELES COUNTY

**CALIFORNIA FORM 497**

**ARTICLE CODE / PHONE NUMBER**

**ID NUMBER (if applicable)**

**Report No.**

2014 MAY -8 AM 8:07

For Official Use Only

**STREET ADDRESS**

1362881

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

CAMPAIGN FINANCE  
DISCLOSURE SECTION

**CITY**

**STATE**

**ZIP CODE**

**No. of Pages**

2/2

## 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:** \_\_\_\_\_