

001/002  
 KAUFMAN LEGAL GROUP APC  
 05/20/2014 23:00 FAX 12134526575

# Late Contribution Report

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

STATE CONTRIBUTION REPORT

NAME OF FILER  
 Friends of Bobby Shriver for Supervisor 2014

AREA CODE/PHONE NUMBER  
 ID NUMBER (if applicable)  
 1362881

STREET ADDRESS  
 CITY STATE ZIP CODE

Date of This Filing 05/20/2014

Report No. 1

Amendment to Report No.

No. of Pages 2

Date Stamp  
 RECEIVED BY  
 LOS ANGELES COUNTY  
 2014 MAY 21 AM 8:31  
 CAMPAIGN FINANCE  
 DISCLOSURE UNIT

**CALIFORNIA FORM 497**  
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 410757

## 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 SELF EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/19/2014	Archeon International Group ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.00
05/19/2014	Peter Benedek ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Agent United Talent Agency	2500.00
	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: \_\_\_\_\_

05/20/2014 23:00 FAX 12134526575 KAUFMAN LEGAL GROUP APC 002/002

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No. of Pages

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212

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 ID 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: \_\_\_\_\_



05/19/2014 21:31 FAX 12134526575 KAUFMAN LEGAL GROUP APC 002/002

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**AREA CODE /PHONE NUMBER** \_\_\_\_\_ **ID NUMBER (if applicable)**  
1362881

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Date of This Filing** \_\_\_\_\_

**Report No.** \_\_\_\_\_

**Amendment to Report No.** \_\_\_\_\_  
(Indicate Report No.)

**No. of Pages** \_\_\_\_\_

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	ID:	Ballot: Dist:		
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	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

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