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)
1362881

STREET ADDRESS

CITY STATE ZIP CODE

Date of This Filing 04/18/2014

Report No. 1

[ ] Amendment to Report No.
(required below)

No. of Pages 2

Date Stamp
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2014 APR 21 AM 9:34
CAMPAIGN DISCLOSURE SECTION

1 / 2

CALIFORNIA FORM 497

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G10757

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
04/17/2014	Carol Biondi ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Child Advocate Carol Biondi	2500.00
04/17/2014	Frank Biondi ID:	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Investment Advisor Waterview Advisors	1000.00
	ID:	[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] 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: _____

Date Stamp

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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LATE CONTRIBUTION REPORT

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1362881

STREET ADDRESS

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[ ] Amendment to Report No.
(explain below)

No. of Pages

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LOS ANGELES COUNTY
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DISCLOSURE SECTION
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: