

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 _____

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages _____

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LOS ANGELES COUNTY

2014 MAY -5 AM 11:12

CAMPAIGN FINANCE
DISCLOSURE SECTION

212

CALIFORNIA FORM 497

For Official Use Only

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: _____