

# Late Contribution Report

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

DATE OF CONTRIBUTION/RECEIVED REPORT

NAME OF FILER  
Friends of Bobby Shriver for Supervisor 2014

Date of This Filing 05/21/2014

Date Stamp

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER

ID NUMBER (if applicable)

Report No. 1

RECEIVED BY  
LAW OFFICE OF SCOTT

For Official Use Only

STREET ADDRESS

1362881

[ ] Amendment to Report No.

2014 MAY 22 AM 11:20

610757

CITY

STATE

ZIP CODE

(optional feature)

No. of Pages 2

CAMPAIGN FINANCE DISCLOSURE SECTION

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 SELF EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/20/2014	Oriole Birds LLC ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	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

05/21/2014 21:30 FAX 12134526575

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RECEIVED BY  
LOS ANGELES COUNTY  
2014 MAY 22 AM 11:20  
CAMPAIGN FINANCE  
DISCLOSURE UNIT  
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 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: \_\_\_\_\_