

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		Date of This Filing 09/09/2014	RECEIVED BY LOS ANGELES COUNTY 2014 SEP 10 PM 12:58 CAMPAIGN FINANCE DISCLOSURE SECTION 019343	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367527	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/08/2014	Michelle Alves	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Model Michelle Alves	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2014	Kathleen Brown	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kanatt Phelps & Phillips	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2014	Guy Oseary	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Live Nation	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

YAP

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<b>NAME OF FILER</b> BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		<b>Date of This Filing</b> 09/09/2014	RECEIVED LOS ANGELES CO 2014 SEP 10 PM 12:58 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>ID. NUMBER (if applicable)</b> 1367527	<b>Report No.</b> 1	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
<b>No. of Pages</b> 2			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/08/2014	Bob Tuttle	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		Date of This Filing 09/09/2014	Date Stamp REC'D LOS ANGELES 2014 SEP 10 CAMPAIGN FINANCE DISCLOSURE STATE CALIFORNIA FORM 497 For Official Use Only PH 12:58 019343
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367527	Report No. 1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/09/2014	Nancy Rubin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367527	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

## 1. Contribution(s) Received

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09/08/2014	John Hayes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EVP and CMO American Express	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2014	Kathleen Hayes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2014	Sylvie Rabineau	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Literary Agent The RSWG Literary Agency	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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