497 Contribution Report

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

NAME OF FILER BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL	**Date of** This Filing ___11/10/2014___
AREA CODE/PHONE NUMBER	**I.D. NUMBER** *(if applicable)* 1367527	**Report No.** 1313
STREET ADDRESS	☐ **Amendment** to Report No. _____ *(explain below)*
CITY **STATE** **ZIP CODE**	**No. of Pages** ___1___

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2014 NOV 12 AM 8:28
CAMPAIGN FINANCE
DISCLOSURE SECTION **019343**

CALIFORNIA FORM 497
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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
11/03/2014	James Acevedo IN-KIND-MAIL & YARD SIGNS	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer Grapevine Advisors	1,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*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

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

PAGE 01/01

DAVID GOULD COMPANY

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11/10/2014