

002/002

04/09/2014 15:39 FAX 12134526575 KAUFMAN LEGAL GROUP APC

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.

(optional feature)

No. of Pages

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CAMPAIGN FINANCE
DISCLOSURE SECTION
212

GALIFORNIA
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: _____