

Late Contribution Report

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

CALIFORNIA CAMPAIGN FINANCE DISCLOSURE ACT

NAME OF FILER
Friends of Bobby Shriver for Supervisor 2014

Date of This Filing 04/24/2014

Date Stamp
RECEIVED BY
LOS ANGELES CO
2014 APR 25 AM 9:44

CALIFORNIA FORM 497
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AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

Report No. 1

1362881

Amendment to Report No.

No. of Pages 2

CAMPAIGN FINANCE DISCLOSURE STATEMENT
1/2

44
910757

STREET ADDRESS

CITY STATE ZIP CODE

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
04/23/2014	Mercury Air Group, Inc. ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00
	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
04/24/2014 18:42 FAX 12134526575

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LATE CONTRIBUTION REPORT

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Friends of Bobby Shriver for Supervisor 2014

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CITY

STATE

ZIP CODE

Date of This Filing

Report No.

Amendment to Report No.

No. of Pages

RECEIVED BY
LOS ANGELES COUNTY

2014 APR 25 AM 9:44

CAMPAIGN FINANCIAL
DISCLOSURE SECTION

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 ID 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: _____