

001/002

Late Contribution Report

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

NAME OF FILER
Friends of Bobby Shriver for Supervisor 2014

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

1302881

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing 05/13/2014

Report No. 1

Amendment
to Report No.

(maintain online)

No. of Pages 2

RECEIVED
LOS ANGELES COUNTY
2014 MAY 14 AM 10:04
FAMILY CENTER
1500 S. GARDEN ST.
117

LATE CONTRIBUTION REPORT

CALIFORNIA
FORM 497

Use Official Use Only

410757

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 |
|----------------|---|---|--|-----------------|
| 05/12/2014 | Billie Greer ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Public Policy Consultant Billie Greer | 1000.00 |
| 05/12/2014 | LA Jobs PAC ID: 990680 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 21000.00 |
| 05/12/2014 | Rob Lowe ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO/Actor Oak View Pictures | 2500.00 |

*Contributor Codes

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC

05/13/2014 19:02 FAX 12134526575

Late Contribution Report

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Amounts may be rounded to whole dollars

STATE OF CALIFORNIA FPPC FORM 497

NAME OF FILER
Friends of Bobby Shriver for Supervisor 2014

AREA CODE / PHONE NUMBER

ID NUMBER (if applicable)

1302881

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing

Report No.

Amendment to Report No.

No. of Pages

RECEIVED BY
LOS ANGELES COUNTY
2014 MAY 14 AM 10:04
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 497

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212

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: _____

001/002

KAUFMAN LEGAL GROUP APC

05/12/2014 18:53 FAX 12134526575

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

Date of This Filing 05/12/2014

(Date Stamp)
RECEIVED BY
LOS ANGELES COUNTY
2014 MAY 13 AM 8:35
CAMPAIGN FINANCE
DISCLOSURE UNIT

CALIFORNIA FORM 497

AREA CODE / PHONE NUMBER
ID NUMBER (if applicable)
1302881

Report No. 1
 Amendment to Report No.

For Official Use Only

610757

STREET ADDRESS
CITY STATE ZIP CODE

No. of Pages 2

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 |
|---------------|---|---|---|-----------------|
| 05/09/2014 | Scott Warmuth ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Office of David Scott Warmuth | 5000.00 |
| 05/09/2014 | Watson Land Company ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5000.00 |
| | 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: _____

002/002

KAUFMAN LEGAL GROUP APC

05/12/2014 18:54 FAX 12134526575

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER

Friends of Bobby Shriver for Supervisor 2014

Date of
This Filing

Report No.

Amendment
to Report No.

No. of Pages

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2014 MAY 13 AM

CAMPAIGN FIN
DISCLOSURE SE

2/2

**CALIFORNIA
FORM**

497

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0:36

AREA CODE /PHONE NUMBER

ID NUMBER (if applicable)

1302881

STREET ADDRESS

CITY

STATE

ZIP CODE

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: | | |
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| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____