

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 05/28/2014

Report No. 1

Amendment to Report No.
(regulate failure)

No. of Pages 2

Date Stamp
RECEIVED BY
LOS ANGELES CO
2014 MAY 29 PM 2:03
CAMPAIGN FINANCE
DISCLOSURE STATEMENT
1/2

CALIFORNIA FORM 497

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610757

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTERED NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/27/2014	Robert Fisher ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman The Gap Inc.	10000.00
	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: _____

05/28/2014 19:02 FAX 12134526575 KAUFMAN LEGAL GROUP APC 002/002

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Report No.

Amendment to Report No.
(explain below)

No. of Pages

RECEIVED BY
LOS ANGELES COUNTY
2014 MAY 29 PM 2:23
CAMPAIGN FINANCE
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 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: _____