

001/002

KAUFMAN LEGAL GROUP APC

04/29/2014 19:02 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
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Date Stamp
RECEIVED BY
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CALIFORNIA
FORM 497

AREA CODE /PHONE NUMBER ID NUMBER (if applicable)

1302881

Report No. 1

2014 APR 30 PM 2:10

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STREET ADDRESS

() Amendment
to Report No.

CAMPAIGN FINANCE
DISCLOSURE SECTION

610757

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
04/28/2014	Affordable Housing Political Action Committee ID:	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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		
	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: _____

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STREET ADDRESS

Amendment to Report No.

CITY

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No. of Pages

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:		
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Reason for Amendment: _____