

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		<b>Date of This Filing</b> <u>08/19/2014</u>	RECEIVED LOS ANGELES CA 2014 AUG 19 PM 4:46 CAMPAIGN FINANCE DISCLOSURE SECTION 019343	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1367527	<b>Report No.</b> <u>20</u>		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> <u>1</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/18/2014	Eric Moss	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Eric Owen Moss Architect	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

**\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

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LOS ANGELES COUNTY  
497 CONTRIBUTION REPORT

NAME OF FILER BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		Date of This Filing 08/19/2014	Date Stamp 2014 AUG 19 PM 4:50	CALIFORNIA FORM 497 For Official Use Only  019343
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367527	Report No. 19	CAMPAIGN FINANCE DISCLOSURE SECTION	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 3	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/18/2014	John Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Davis Entertainment	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/18/2014	Jordan Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Davis Entertainment	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/18/2014	Cindy Gelber	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Cindy Gelber	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367527	Report No. <u>19</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		No. of Pages <u>3</u>

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
08/18/2014	Robert Gelber	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/18/2014	Reed Hastings	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Netflix	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/18/2014	ILWU Local 13	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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RECEIVED BY  
LOS ANGELES CO. DATE STAMP  
2014 AUG 19 PM 4:46  
CAMPAIGN FINANCE DISCLOSURE SECTION

497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
For Official Use Only

NAME OF FILER  
BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL

AREA CODE/PHONE NUMBER \_\_\_\_\_ I.D. NUMBER (if applicable)  
1367527

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Date of This Filing 08/19/2014

Report No. 19

Amendment to Report No. \_\_\_\_\_ (explain below)

No. of Pages 3

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08/18/2014	O'Gara Coach Company LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate
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<b>NAME OF FILER</b> BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL		<b>Date of This Filing</b> 08/18/2014	RECEIVED BY ANGELES COUNTY AUG 19 AM 9:59 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 497</b> For Official Use Only  019343
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1367527	<b>Report No. 1</b> 2014		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 1	

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08/14/2014	Melinda P. Gates	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co Chair Bill & Melinda Gates Foundation	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/14/2014	William H. Gates III	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co Chair Bill & Melinda Gates Foundation	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan _____% Provide interest rate

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