497 Contribution Report		Amounts	Type or print in ink. unts may be rounded to whole dollars.		RECEIVED BY 497 CONTRIBUTION REPO		
NAME OF FILER BOBBY SHRIVER F	FOR SUPERVISOR 2	014 GENERAL	Date of This Filing	10/14/2014	US AN Date Stanly CALIF	FORNIA 497	
BOBBY SHRIVER FOR SUPERVISOR 201 AREA CODE/PHONE NUMBER		I.D. NUMBER (#applicable) 1367527	Report No. 10		ZUIAUCI II An O. 4	or Official Use Only	
STREET ADDRESS			Amendmer to Report No.	at	CAMPAIGN FINANCE DISCLOSURE SECTION		
CITY		STATE ZIP CODE	(explain below) No. of Pages	8			
1. Contribution	on(s) Receive	d					
DATE RECEIVED	FUL	L NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IFCOMMITTÉE, ALSO ENTERED NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, EMTER MAINE OF BUSINESS)	AMOUNT RECEIVED	
10/13/2014	Marc Bodnick			☑ IND	Co-Founder Elevation Partners	1,500.00	
				OTH PTY SCC		☐ Check if Loan	
10/13/2014	Joseph Calabre	ese		IND COM	Attorney O'Melveny & Nyers	Provide interest rate  1,500.00	
10/13/2014	Kontana Coacy			IND COM OTH PTY SCC	Owner Montana Coady Diamonds	Provide interest rate	
Reason for Amer	ndment: Doradi	on Error - Montana Coa	ady		*Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi	ther than PTY or SCC)	

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NAME OF FILER			Date of		LUS ADALISTEMPS COLUM CALIF	ORNIA AOT
BOBBY SHRIVER PO	OR SUPERVISOR 2014 GE	ENERAL	This Filing 10/14/2014		FO	RM 431
AREA CODE/PHONE NUMBER  I.D. NUMBER (#applicable)  1367527		Report No. 100		2014 OCT 17 AM 8: 49 Fo	Official Use Only	
STREET ADDRESS			Amendment to Report No.		CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY		STATE ZIP CODE	(explain below) No. of Pages	È		
1. Contributio	n(s) Received	*				
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTRIB (IF CONVITTEE, ALSDENTER I.D. NUMBER)	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EUPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/13/2014	Robin Cottle			IND □ COM	Graphic Designer Robin Cottle	1,500.00
				OTH PTY SCC		☐ Check if Loan
						Provide Interest rate
10/13/2014	Laurie Demarest			IND COM	Spokesperson The Hollywood Company	1,000.00  Check if Loan  % Provide interest rate
10/13/2014	Nichael Feldman			IND COM OTH PTY	Consultant The Glover Park Group	1,500.00  Check if Loan  Provide interest rate
Reason for Ameno	lment:				*Contributor Codes  IND – Individual  COM – Recipient Committee (oth  OTH – Other (e.g., business ent  PTY – Political Party  SCC – Small Contributor Commit	er than PTY or SCC)

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457 Contabation Report		Amounts	s may be rounded to w			497 CONTRIBUTION REPORT	
NAME OF FILER	BOD CUMPBUTOOD 2014	CENTED A.C.	Date of This Filing _	10/14/2014	ANG Date-Starro CAL	IFORNIA 497	
AREA CODE/PHONE N	FOR SUPERVISOR 2014 (	I.D. NUMBER (Vapplicable)	Report No. 1	20	4 UCT 17 AM 8: 49	FORM For Official Use Only	
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СПҮ		STATE ZIP CODE	(explain below) No. of Pages				
1. Contributi	on(s) Received	·					
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CONT UFCOMMITTEE, ALSO ENTER I.O. NUMBER!	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS		
10/13/2014	Jon Feltheimer			☑ IND □ COM □ OTH	CEO Lionegate	1,000.00	
				☐ PTY ☐ SCC		Check if Loan  Provide Interest rate	
10/13/2014	Natalie Fuller			☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemæker None	1,500.00	
10/13/2014	David Gang			IND □ COM	CEO Perfect Sense Digital, LLC	1,500.00	
				OTH PTY SCC		Check if Loan  Check if Loan  N Provids interest rate	
Reason for Amer	ndment:				Contributor Codes  IND – Individual  COM – Recipient Committee  OTH – Other (e.g., business  PTY – Political Party	o (other than PTY or SCC) is entity)	

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497	CONI	RIBU	I K J N	REPORT

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	REA CODE/PHONE NUMBER (# applicable)  1367527		0	2014 OCT 17 AM 8: 50 For Official Use Only	
STREET ADDRESS	STATE ZIP CODE	Amendment to Report No. (explain below)		CAMPAIGN FINANCE DISCLOSURE SECTION	
1 Contribution	on(s) Received	No. of Pages	<u>B</u>		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (# CONVITTEE, ALSDENTER LD. NUMBER]	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEUF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/13/2014	Ronald Garriques		IND COM OTH PTY	CEO Gee Partnership Holdings, LLC	1,000.00
			□ scc		Provide Interest rate
10/13/2014	Bric Hayes		IND COM OTH PTY SCC	Owner Cast it Systems	1,500.00  Check If Loan  **  Provide Interest rate
10/13/2014	Jeremy Milken		IND COM OTH SCC	CEO Pinetree Holdings, LLC	1,500.00  Check if Loan
Reason for Amer	ndment:			*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Commit	ity)

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497 Contribu	ition Report	Amounts	may be rounded to wi	nole dollars.	DE 05-497 C	ONTRIBUTION REPORT
AME OF FILER  BOBBY SHRIVER FOR SUPERVISOR 2014 GENERAL  REA CODE/PHONE NUMBER  I.D. NUMBER (# applicable)			Date of This Filing 10/14/2014  Report No. 100  Amendment to Report No. (explain below)  No. of Pages 8		LOS ANGELES COU CALIFORNIA 4  2014 OCT 17 AM 8: 50 For Official Use Or	
STREET ADDRESS  CITY STATE ZIP CODE		CAMPAIGN FINANCE DISCLOSURE SECTION				
1. Contributi	on(s) Received					. 1
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTI (# COMMITTEE ALSO ENTER I.O. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EXIPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMDUNT RECEIVED
10/13/2014	Sarah Milken			IND COM OTH PTY SCC	Educational Consultant Sarah Wilken	1,500.00  Check if Loan  * Provide interest rate
10/13/2014	Ronald Radziner			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Marnol Radziner Architects	1,500.00
10/13/2014	Courtney Reum			IND COM OTH PTY SCC	Founder VecV Spirits	1.500.00  Check if Loan  Y.  Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business enti PTY – Political Party SCC – Small Contributor Committee	ity)

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497 CONTRIBUTION REPORT

ame of Filer Bobby Shriver Fo	OR SUPERVISOR 2014 GE	NERAL	Date of This Filing	10/14/2014	, 01.	RNIA 497
REA CODE/PHONE NUMBER  1.D. NUMBER (F 40-p1/cebb)  1367527		Report No. 100		KALACLIA WW 8: 40	Dilion ose of the	
TREET ADDRESS		STATE ZIP CODE	To Report No. (explain below)  No. of Pages		CAMPAIGN FINANCE DISCLOSURE SECTION	
4 0 6.00	m(a) Pagaiyad		No. o. r -ga-			
1. Contributio	on(s) Received					
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CONTRI OF COMMITTEE ALSO ENTER LD, MANGERY	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER UF SELF-EMPLOYED, ENTER NAME OF BUSINESS!	AMOUNT RECEIVED
10/13/2014	Joyce Rey			☑ IND	Realtor Coldwell Banker Previews International	1,500.0
				OTH PTY SCC		Check if Loan  % Provide interest rate
10/13/2014	David Sandberg		·	IND COM OTH PTY SCC	Physicien University of Texas Health Science Center at Houston	1,500.0
10/13/2014	Joel Sandberg			IND COM OTH PTY SCC	Orphthalmologist Eye Surgery Associates	1,500.0
Reason for Ame	endment:				*Contributor Codes IND-Individual COM-Recipient Committee (o OTH-Other (e.g., business e PTY-Political Party SCC-Small Contributor Comm	ntity)

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					DEPTHYSIA 497CC	NTRIBUTION REPORT
NAME OF FILER	OR SUPERVISOR 2014 (	eneral	Date of This Filing	10/14/2014	LOS ANGELES COUM CALIFO	
AREA CODE/PHONE N		I.D. NUMBER (Faugatrable)	Report No. 10	0	2014 OCT 17 AM 8: 50 For	Official Use Only
STREET ADDRESS			☐ Amendment to Report No.		CAMPAIGN FINANCE DISCLOSURE SECTION	
CITY		STATE ZIP CODE	(explain below) No. of Pages	В		
1. Contribution	on(s) <u>Received</u>					
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CON- (IF COMMITTEE, ALSO ENTER I.D. NULLBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/13/2014	Michelle Sandberg			IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Santa Clara Valley Medical Center	1,500.00 Check if Loan Provide interest rate
10/13/2014	Sheryl Sandberg			IND COM	Chief Operating Officer Facebook	1,500.00
10/13/2014	Richard Sandler			IND COM OTH PTY SCC	Attorney Maron and Sandler	1,500.00  Check if Loan  7:  Provide interest rate
Reason for Amer	ndment:				*Contributor Codes IND Individual COM Recipient Committee (other (e.g., business enti PTY Political Party SCC Small Contributor Committee	ly)

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	ition report	Amounts	may be rounded to wi	iole dollars.	RECEIVED BY 497	CONTRIBUTION REPORT
NAME OF FILER	· · · · · · · · · · · · · · · · · · ·		Date of		UD AMBate Stamp UUHH CALL	FORNIA 407
BOBBY SHRIVER F	FOR SUPERVISOR 2014	GENERAL	This Filing	10/14/2014	E	ORM 49/
REA CODE/PHONE NUMBER  I.D. NUMBER (# applicable)  1367527		Report No. 100		1	For Official Use Only	
STREET ADDRESS			Amendmer		CAMPAIGN FINANCE PISCLOSURE SECTION	
CITY		STATE ZIP CODE	(explain below)  No. of Pages	8		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SRJ-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/13/2014	Amy Schefler			X (ND	Opthalmologist Dr. Amy Schefler	1,500.00
				OTH		☐ Check if Loan
			<u>.</u>	□ scc		Provide interest rate
10/13/2014	Kara Young			IX IND COM	Owner/Manager Rair Rules	1,500.00
				☐ PTY ☐ SCC		Check if Loan  % Provide interest rate
10/13/2014	Renee Zellweger			IND COM	Actress Dylan Dwag Productions Inc.	1,500.00
				☐ OTH ☐ PTY ☐ SCC		Check if Loan  S  Provide Interest cate
	-				*Contributor Codes	
Reason for Amen	edment:				IND Individual  COM Recipient Committee (o  OTH Other (e.g., business at  PTY Political Party  SCC Small Contributor Comm	nlily)