

### 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
2016 MAY -3 AM 7:42  
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT  
CALIFORNIA FORM 497

NAME OF FILER <b>Mitchell Englander for Supervisor 2016 Attorney's Fees Fund</b>		Date of this Filing <b>05/02/2016</b>	Date Stamp <b>2016 MAY -3 AM 7:42</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1380223</b>	Report No. <b>050216</b>	<b>CAMPAIGN FINANCE</b>
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of pages <b>2.00</b>	

### 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE**	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/30/2016	William M. Giamela Jr.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Dot Copy, Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/30/2016	Patrice Giamela	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/30/2016	William Giamela Sr.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner Lamplighters	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/30/2016	Brian Whiteman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner DOT	\$1,500.00 <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

### 497 Contribution Report

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

497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**

NAME OF FILER <b>Mitchell Englander for Supervisor 2016 Attorney's Fees Fund</b>		Date of this Filing <b>05/02/2016</b>	Date Stamp
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1380223</b>	Report No. <b>050216</b>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY	STATE	ZIP CODE	
		No. of pages <b>2.00</b>	

#### 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/30/2016	Julie Whiteman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	<b>\$1,500.00</b> <input type="checkbox"/> Check if Loan <small>Provide Interest Rate</small>

Reason for Amendment:

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

### 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>Mitchell Englander for Supervisor 2016 Attorney's Fees Fund</b>		Date of this Filing <b>05/02/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1380223</b>	Report No. <b>050216</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of pages <b>2.00</b>	

### 2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (if COMBINED, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
			\$0.00	

Reason for Amendment:

FPPC Form 497 (March 2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC