

497 Contribution Report

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

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LOS ANGELES CO
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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT
CALIFORNIA FORM **497**

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 06/05/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 060516
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY	STATE	ZIP CODE
		No. of pages 1.00

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
06/04/2016	L.N.M. Corporation	<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

Reason for Amendment:

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

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LOS ANGELES COUNTY
2016 JUN -6 AM 9:3
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 06/05/2016	Date Stamp 2016 JUN -6 AM 9:3	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1377028	Report No. 060516		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of pages 1.00	

2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET 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)
			\$0.00	

Reason for Amendment:

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