

### 497 Contribution Report

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

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LOS ANGELES 497 CONTRIBUTION REPORT

Date Stamp  
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CAMPAIGN FINANCE

CALIFORNIA  
FORM **497**

NAME OF FILER Mitchell Englander for Supervisor 2016 Attorney's Fees Fund		Date of this Filing 06/15/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1380223	Report No. 061516
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
06/07/2016	Orange Grove Property Investors 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

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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### 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