

497 Contribution Report

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

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LOS ANGELES COUNTY
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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT	
CALIFORNIA FORM	497

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/16/2016	Date Stamp 2016 MAR 16 PM 5:05
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 031616	
STREET ADDRESS		<input type="checkbox"/> Amendment	
CITY Los Angeles	STATE CA	ZIP CODE 90017	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
03/15/2016	Briana Knabe	<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 / 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

FFPC Form 497 (March 2011)