

497 Contribution Report

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

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LOS ANGELES COUNTY

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/18/2016	Date Stamp 2016 MAR 18 PM 2:48	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER	L.D. NUMBER (if applicable) 1377028	Report No. 031816	CALIFORNIA FORM 497	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	CAMPAIGN FINANCE	
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 (or SELF-EMPLOYED, OWNER/LEASEE OF BUSINESS)	AMOUNT RECEIVED
03/17/2016	Shawki Saad M.D., Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate

Reason for Amendment:

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SOC)
 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 <small>(IF COMMITTEE, ALSO ENTER LD. NUMBER)</small>	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/ASAC-FPPC