

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

For Official Use Only

**NAME OF FILER**  
Coalition to Support Mitch Englander for Supervisor 2016

**AREA CODE/PHONE NUMBER**      **I.D. NUMBER (if applicable)**  
      1381057

**STREET ADDRESS**

**CITY**      **STATE**      **ZIP CODE**

**Date of This Filing** 03/24/2016

**Report No.** 03242016-1

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED  |
|---------------|---|---|---|--|
| 03/23/2016    | International Brotherhood of Electrical Workers Local Union No. 11 PAC                          | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |   | 50,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate          |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate          |

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

Reason for Amendment: \_\_\_\_\_