

497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2016 MAR 31 PM  
CALIFORNIA FORM 497  
CAMPAIGN FINANCE

NAME OF FILER  
Mitchell Englander for Supervisor 2016 Attorney's Fees Fund

AREA CODE/PHONE NUMBER  
I.D. NUMBER (if applicable)  
1380223

STREET ADDRESS

CITY STATE ZIP CODE

Date of this Filing 03/31/2016

Report No. 033116

Amendment to Report No. (explain below)

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 NATURE OF BUSINESS)	AMOUNT RECEIVED
03/30/2016	Savannah Sampson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Bancor Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
03/30/2016	Kenneth Sampson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
03/30/2016	Cleo D. Sampson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Coldwell Banker Quality Properties	\$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

FPPC Form 497 (March 2011)

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<b>NAME OF FILER</b> Mitchell Englander for Supervisor 2016 Attorney's Fees Fund		<b>Date of this Filing</b> 03/31/2016	<b>497 CONTRIBUTION REPORT</b> CALIFORNIA FORM <b>497</b>
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1380223	<b>Report No.</b> 033116	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of pages</b> 1.00

**2. Contribution(s) Made**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO STATE NO. 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