

# Late Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
LATE CONTRIBUTION REPORT  
Date Stamp  
2016 APR 19 AM 7:54  
CALIFORNIA FORM 497  
CAMPAIGN FINANCE  
For Official Use Only

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of This Filing 04/18/2016	Report No. 041816A	<input type="checkbox"/> Amendment to Report No. _____ <small>(explains below)</small>	No. of Pages 3
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028				
STREET ADDRESS					
CITY	STATE	ZIP CODE			

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
04/12/2016 	LG2WB Engineers, Inc.  ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00
04/16/2016 	LG2WB Engineers, Inc.  ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00
04/16/2016 	Erni Bejanian  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Director Deja Vu Cakes	1500.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

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

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages _____	For Official Use Only
CITY	STATE ZIP CODE			
				2/3

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

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

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CITY	STATE	ZIP CODE	3/3	
		No. of Pages _____		

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04/16/2016 	Jack Kayajian  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney City of Los Angeles	1500.00
04/16/2016 	Waste Connections, Inc.  ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00

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