

497 Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY
2016 APR 26 AM 7:4
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT
CALIFORNIA
FORM 497

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 04/25/2016	Date Stamp 2016 APR 26 AM 7:4
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 042516	CAMPAIGN FINANCE
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	ZIP CODE	
		No. of pages 2.00	

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
04/23/2016	Refugio Joseph Piascencia	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO JP Tech Insurance Services	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/23/2016	Forgiato, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/23/2016	Forgiato, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/22/2016	Motion Picture Assn. of America Local PAC 1234676	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate

Reason for Amendment: Contributions Amended

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

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CALIFORNIA FORM 497

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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
04/22/2016	LA Jobs PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/23/2016	California Apartment Association PAC CAAPAC 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/23/2016	Refugio Joseph Plascencia	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO JP Tech Insurance Services	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/23/2016	Tom J Gilmore	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Gilmore & Associates	\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate

Reason for Amendment: **Contributions Amended**

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CITY	STATE	ZIP CODE	No. of pages 2.00	

2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF CANDIDATE, ALSO PRINT LD NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
			\$0.00	

Reason for Amendment: Contributions Amended

FPPC Form 497 (March 2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC