

497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
2016 MAY 17 PM 5:00  
CAMPAIGN FINANCE  
497 CONTRIBUTION REPORT  
CALIFORNIA FORM 497

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 05/17/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1977028	Report No. 051716
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/16/2016	Michael Schlesinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Cambria Real Estate	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
05/16/2016	Law Offices of Thomas M. Bruen	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
05/16/2016	Int'l Brotherhood of Electrical Workers Local No. 11 PAC 304081	<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
05/18/2016	BYD America Corp.	<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

Reason for Amendment:

\*\*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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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1377028</b>	Report No. <b>051716</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
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### 2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (if committee, also enter ID 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