

497 Contribution Report

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

RECEIVED BY LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 05/12/2016	Date Stamp 2016 MAY 13 AM 10:00	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	LD NUMBER (if applicat) 1377028	Report No. 051116	CAMPAIGN FINANCE	
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
05/11/2016	Katherine H Lee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed N/A	\$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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LOS ANGELES COUNTY CONTRIBUTION REPORT
Date Stamp
2016 MAY 13 AM 9:
CALIFORNIA FORM 497
CAMPAIGN FINANCE

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 05/12/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER of applicant 1377028	Report No. 051118
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY	STATE	ZIP CODE
		No. of pages 1.00

2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF CONTRIBUTOR, ALSO ENTER I.D. NUMBER)</small>	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/ASH-FPPC