

497 Contribution Report

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

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NAME OF FILER: Mitchell Englander for Supervisor 2016 Attorney's Fees Fund. Date of this Filing: 04/14/2016. Report No.: 041416. No. of pages: 1.00.

1. Contribution(s) Received

Table with 5 columns: DATE RECEIVED, FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, CONTRIBUTOR CODE, AMOUNT RECEIVED. Row 1: 04/13/2016, Primex Clinical Laboratories, Inc., \$1,500.00.

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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497 CONTRIBUTION REPORT

NAME OF FILER <b>Mitchell Englander for Supervisor 2016 Attorney's Fees Fund</b>		Date of this Filing <b>04/14/2016</b>	Date Stamp	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER of applicant <b>1380223</b>	Report No. <b>041416</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of pages <b>1.00</b>	

### 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: 800.452.FPPC