

497 Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016 Attorney's Fees Fund		Date of this Filing 05/10/2016	Date Stamp 2016 MAY 10 PM CAMPAIGN FINANCE	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	LD NUMBER of applicants 1380223	Report No. 051016		
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
05/09/2016	LF Illumination LLC	<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 <small>Provide Interest Rate</small>

Reason for Amendment:

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

FPPC Form 497 (March 2011)

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE		

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)
			50.00	

Reason for Amendment:

FPPC Form 497 (March 2011)
FPPC Toll-Free Helpline: 888/ASK-FPPC