

497 Contribution Report

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

RECEIVED BY
LOS ANGELES COUNTY CONTRIBUTION REPORT
Date Stamp
2016 MAR 22 AM 10:30
CALIFORNIA FORM 497
CAMPAIGN FINANCE

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/21/2016
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 032118
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
03/19/2016	Thomas Carnegie	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Thomas Carnegie	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
03/19/2016	Friends Of Buck McIsaac	<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
03/19/2016	Matthew Taylor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer GeoJotter, Inc.	\$1,500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
03/19/2016	Connie Couto	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Daniel Bernstein & Associates, Inc.	\$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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RECEIVED BY LOS ANGELES COUNTY 2016 MAR 22 AM 10:33 CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/21/2016	Date Stamp 2016 MAR 22 AM 10:33
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 032116	<input type="checkbox"/> Amendment In Report No. _____ (explain below) No. of pages 1.00
STREET ADDRESS			
CITY	STATE	ZIP CODE	

2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(if candidate, also enter ID number)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(if applicable)</small>
			\$0.00	

Reason for Amendment:

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