

497 Contribution Report

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

RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016 Attorney's Fees Fund		Date of this Filing 03/11/2016	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	LD NUMBER (if applicable) 1380223	Report No. 31420169	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below) No. of pages 1.00	
CITY	STATE ZIP CODE		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>IF SELF-EMPLOYED, ENTER NAME OF BUSINESS</small>	AMOUNT RECEIVED
03/11/2016	Timur Tedmer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Overon Moore Properties	\$1,500.00 <input type="checkbox"/> Check if Loan

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)  
FPPC Toll-Free Helpline: 866-258-6666

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NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/14/2016	497 CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	LD. NUMBER (if applicable) 1377028	Report No. 3142016A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below) No. of pages 1.00	
CITY	STATE ZIP CODE		

2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (if COMPANY, ALSO ENTER EIN 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: 888.858.CFPPC