

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 03/28/2016	2016 MAR 28 PM 5:00 CALIFORNIA FORM 497 CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1377028	Report No. 032816	
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
03/26/2016	Chinese Theatres LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
03/26/2016	Chinese Theatres LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$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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497 CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 03/28/2016	RECEIVED LOS ANGELES CA 2016 MAR 28 PM 5:05 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER of applicant 1377028	Report No. 032818		
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 <small>(IF COMMITTEE, 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: 866-858-8888