

Late Contribution Report

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

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LOS ANGELES COUNTY
Date Stamp
2016 APR 11 PM 5:10
CAMPAIGN FINANCE

LATE CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016		Date of This Filing 04/11/2016	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1377028	Report No. 041116B	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (specify below)	1/2
CITY	STATE ZIP CODE	No. of Pages 2	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/09/2016 	Paramount Pictures ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Date Stamp FPPC Form 497 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

497 Contribution Report

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Amounts may be rounded to whole

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2016 APR 11
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA
FORM 497

NAME OF FILER Michell Englander for Supervisor 2016		Date of this Filing 04/11/2016
AREA CODE/PHONE NUMBER	LD NUMBER (if applicant) 1377028	Report No. 041116A
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 SOURCE OF INCOME)	AMOUNT RECEIVED
04/08/2016	Scott Kolick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate AAMC	\$1,000.00 <input type="checkbox"/> Check or Loan <small>Please Internet Rule</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

FFPC Form 497 (March 2011)
FFPC Toll-Free Helpline: 888-438-FFPC