

### 497 Contribution Report

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

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT  
CALIFORNIA FORM 497

NAME OF FILER <b>Mitchell Englander for Supervisor 2016</b>		Date of this Filing <b>04/21/2016</b>
AREA CODE/PHONE NUMBER	LD NUMBER (if applicant) <b>1377028</b>	Report No. <b>042116</b>
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY	STATE	ZIP CODE
		No. of pages <b>1.00</b>

#### 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
04/20/2016	Sagebrush Cantina	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1,500.00</b> <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

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NAME OF FILER Mitchell Englander for Supervisor 2016		Date of this Filing 04/21/2016	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	ID. NUMBER (if applicable) 1377028	Report No. 042118		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of pages 1.00	

### 2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COUNTRY, ALSO ENTER ID. 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: 866ASIN-FPPC