

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 05/10/2016	2016 MAY 10 P CALIFORNIA FORM 497 CAMPAIGN FINANCE
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1377028	Report No. 050916	
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
05/09/2016	Union Pacific Railroad Company	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
05/09/2016	Standard Parking	<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
05/09/2016	LF Illumination LLC	<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
05/09/2016	LF Illumination LLC	<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

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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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
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2. Contribution(s) Made

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALTERNATE 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: 866ASK-FPPC