

### 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY  
2016 MAY -3 AM 7:  
CAMPAIGN FINANCE

CALIFORNIA  
FORM **497**

NAME OF FILER <b>Mitchell Englander for Supervisor 2016</b>		Date of this Filing <b>05/02/2016</b>	Date Stamp <b>2016 MAY -3 AM 7:</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1377028</b>	Report No. <b>050216</b>	<b>CAMPAIGN FINANCE</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
04/30/2016	Dean Schramm	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager and Producer The Schramm Group	\$1,000.00 <input type="checkbox"/> Check if Loan Provide Interest Rate
04/30/2016	KB Home	<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

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 <b>Mitchell Englander for Supervisor 2016</b>		Date of this Filing <b>05/02/2016</b>	Date Stamp	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicant) <b>1377028</b>	Report No. <b>050216</b>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of pages <b>1.00</b>	

**2. Contribution(s) Made**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER(C) 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