

### 497 Contribution Report

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

RECEIVED BY  
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

CALIFORNIA  
FORM **497**

Date Stamp  
2016 APR 12 PM 3:1  
CAMPAIGN FINANCE

NAME OF FILER <b>Mitchell Englander for Supervisor 2016</b>		Date of this Filing <b>04/12/2016</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) <b>1377028</b>	Report No. <b>041216</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
04/11/2016	Nick Roxborough	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner RPNA	<b>\$1,000.00</b> <input type="checkbox"/> Check # Loan <small>Reverts 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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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 <small>(IF CONTRIBUTOR, ALSO ENTER PCD 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: 866/455-FPPC