

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Mitchell Englander for Supervisor 2016 Attorney's Fees Fund		Date of this Filing 05/27/2016	RECEIVED BY LOS ANGELES COUNTY 2016 MAY 31 AM 9:37 CAMPAIGN FINANCE	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1380223	Report No. 052716		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017		

1. Contribution(s) Received

DATE RFCMFD	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/26/2016	Mario Camara	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cox Castle Nicholson LLP	\$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

FPPC Form 497 (March/2011)

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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 COMMITTEE, ALSO ENTER I.D. 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: 866/ASK-FPPC