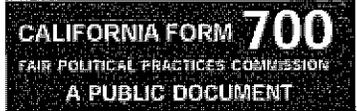


Amendment



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION



STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE 2013 JUN 28 AM 8:51

Please type or print in ink.

Amendment

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Englander Mitchell

1. Office, Agency, or Court

RECORDED BY

Agency Name
Los Angeles City Council
Division, Board, Department, District, if applicable
District 12
Your Position
Councilmember
If filing for multiple positions, list below or on an attachment.
Agency: See attached. Position: See attached.

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
JUN 28 11:12:51

2. Jurisdiction of Office (Check at least one box)

State
 Multi-County See attached.
 City of _____
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of _____
 Other See attached.

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
Total number of pages including this cover page: 5
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that

Date Signed 6/21/13
(month, day, year)

Signature

Mitchell Englander - Form 700
2012 Annual Statement of Economic Interests
Cover Page Attachment

Section 1. Office, Agency or Court

Name of Agency: Southern California Association of Governments
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Los Angeles County Solid Waste Management
Committee/Integrated Waste Management Task Force
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Sunshine Canyon Landfill Local Enforcement Agency (SCL-LEA)
Division, Board, District: n/a
Position: Boardmember

Name of Agency: San Fernando Valley Council of Governments
Division, Board, District: n/a
Position: Boardmember

Section 2. Jurisdiction of Office

Multi-County: Los Angeles, Orange, Ventura, San Bernardino, Riverside & Imperial Counties

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Mitchell Englander
--

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Chaminade College Preparatory

ADDRESS (Business Address Acceptable)
 102 Oakdale Ave., Chatsworth, CA 91311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 School

YOUR BUSINESS POSITION
 n/a

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other Children's Scholarships
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Mitchell Englander

▶ NAME OF SOURCE (Not an Acronym)
L.A. Area Chamber of Commerce

ADDRESS (Business Address Acceptable)
350 S. Bixel St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 12</u>	<u>\$ 90.58</u>	<u>Ticket to Dinner</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Dodgers

ADDRESS (Business Address Acceptable)
9420 Wilshire Blvd., #300, Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 05 / 12</u>	<u>\$ 100.00</u>	<u>Baseball Game Ticket</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

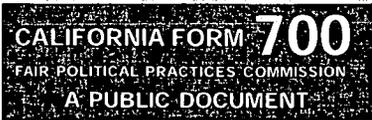
▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____



RECEIVED FAIR POLITICAL PRACTICES COMMISSION STATEMENT OF ECONOMIC INTERESTS

LOS ANGELES CITY ETHICS COMMISSION Date Received Official Use Only

APR 02 2013

COVER PAGE 1:19



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Englander Mitchell

1. Office, Agency, or Court

Agency Name Los Angeles City Council
Division, Board, Department, District, if applicable District 12
Your Position Councilmember

If filing for multiple positions, list below or on an attachment.

Agency: See attached. Position: See attached.

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County (checked), City of, Judge or Court Commissioner, County of, Other (checked)

3. Type of Statement (Check at least one box)

- Annual (checked), Leaving Office, The period covered is January 1, 2012, through December 31, 2012.
Assuming Office, Candidate

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 5

- Schedule A-1, A-2 (checked), B, C (checked), D (checked), E

None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State

Date Signed 3/27/13 (month, day, year)

Mitchell Englander - Form 700
2012 Annual Statement of Economic Interests
Cover Page Attachment

Section 1. Office, Agency or Court

Name of Agency: Southern California Association of Governments
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Los Angeles County Solid Waste Management
Committee/Integrated Waste Management Task Force
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Sunshine Canyon Landfill Local Enforcement Agency (SCL-LEA)
Division, Board, District: n/a
Position: Boardmember

Section 2. Jurisdiction of Office

Multi-County: Los Angeles, Orange, Ventura, San Bernardino, Riverside & Imperial Counties

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Mitchell Englander

▶ NAME OF SOURCE *(Not an Acronym)*
L.A. Area Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
350 S. Bixel St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 12	\$ 90.58	Ticket to Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Los Angeles Dodgers

ADDRESS *(Business Address Acceptable)*
9420 Wilshire Blvd., #300, Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Baseball

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 12	\$ 100.00	Baseball Game Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____