

# 497 Contribution Report

NAME OF FILER Lindsey Horvath for Supervisor 2022.		Date of This Filing 09/19/2022	Date Stamp <b>RECEIVED BY</b> LOS ANGELES COUNTY 2022 SEP 19 PM 4:32 PROPOSITION 8 UNIT <i>REM</i>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE / PHONE NUMBER (323) 655-4065	I.D. Number (if applicable) 1437724	Report No. LATE-20220916		
STREET ADDRESS		<input type="checkbox"/> Amendment to RptNo. _____		
CITY Encino	STATE CA	ZIP CODE 91436	No. of Pages: 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, OCCUPATION & EMPLOYER or BUSINESS NAME IF COMMITTEE - ID NUMBER	AMOUNT RECEIVED
09/16/2022	Debra Farmer  West Hollywood CA 90046	IND	Westside Family Health Center President	1,400.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2022	Wendy S Meyer  Encino CA 91436	IND	n/a Retired	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (Other than PTY or SCC)  
 OTH - Other (e.g. business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee