

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Lindsey Horvath for Supervisor 2022			Date of This Filing <u>10/14/2022</u>	RECEIVED BY LOS ANGELES COUNTY 2022 OCT 14 PM 4:49 PROPOSITION B UNIT <i>Elm</i>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER  (323) 655-4065	I.D. NUMBER (if applicable)  1437724	Report No. <u>LATE-20221013</u>			
STREET ADDRESS 16633 Ventura Blvd # 1008			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encino	STATE CA	ZIP CODE 91436	No. of Pages <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/13/2022 	Richard Jun 10342 Lorenzo Dr  Los Angeles CA 90064 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor  BAM Ventures	1500.00
10/13/2022 	Janet Kang 4450 Commonwealth Ave  La Canada Flintridge CA 91011 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director  Edgemine Inc	1500.00
10/13/2022 	Jay Luchs 1218 N Wetherly Dr  West Hollywood CA 90069 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent  Newmark	1500.00

**\*Contributor Codes**

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: \_\_\_\_\_

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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	
		<b>No. of Pages</b> _____	2 / 2

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING 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)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_