

Late Contribution Report

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

NAME OF FILER
Lindsey Horvath for Supervisor 2022

AREA CODE/PHONE NUMBER (323) 655-4065
I.D. NUMBER (if applicable) 1437724

STREET ADDRESS

CITY Encino
STATE CA
ZIP CODE 91436

Date of This Filing 05/23/2022

Report No. LATE-20220520

Amendment to Report No. _____
(explain below)

No. of Pages 2

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LOS ANGELES COUNTY
Date Stamp
2022 MAY 24 AM 8:09
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PROPOSITION B UNIT

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/20/2022	KBS Holdco LLC West Hollywood CA 90069 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	
CITY	STATE	ZIP CODE	
		No. of Pages _____	2 / 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____