

# 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 04/25/2022

Report No. LATE-20220423

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

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LATE CONTRIBUTION REPORT  
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1 / 2

## 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
04/23/2022	Kevir M. Kroeger  Van Nuys ID: CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer  Kevin M Kroeger	1000.00
04/23/2022	Alan Rader  Los Angeles ID: CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Law Offices of Alan Rader	1000.00
04/23/2022	JoAnn Wilson  San Francisco ID: CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessowner  JoAnn Wilson	1000.00

\*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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Lindsey Horvath for Supervisor 2022

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1437724

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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2 / 2

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## 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: \_\_\_\_\_