

497 Contribution Report

NAME OF FILER Lindsey Horvath for Supervisor 2022		Date of This Filing 09/15/2022	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 SEP 16 AM 8:19 9/15/22 EM PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE / PHONE NUMBER (323) 655-4065	I.D. Number (if applicable) 1437724	Report No. LATE-20220914		
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
09/14/2022	Molina Healthcare Inc. Sacramento CA 95815	OTH		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