

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

APR 21 2026 **EM**
497 CONTRIBUTION REPORT

NAME OF FILER Lindsey Horvath for Supervisor 2026			Date of This Filing 04/21/2026	Date Stamp 2026 APR 22 AM 8:15	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1478761		Report No. 04/20/2026		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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 <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
04/20/2026	Planned Parenthood Advocacy Project Los Angeles County Action Fund Sacramento, CA 95814 Committee ID # 971616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

***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