

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

RECEIVED BY LOS ANGELES COUNTY 4/9/21 CLS 2021 APR 12 PM 12:16

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

PROPOSITION 8 UNIT

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional) Horvath, Lindsey (323) 632-7530 () lindsey.p.horvath@gmail.com STREET ADDRESS CITY STATE ZIP CODE West Hollywood CA 90046

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. [X] NON-PARTISAN County Supervisor Los Angeles 3 PARTY:

OFFICE JURISDICTION [] State (Complete Part 2.) [] City [X] County [] Multi-County: _____ (Name of Multi-County Jurisdiction) 2022 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

____ Primary/general election (Year of Election) _____ Special/runoff election (Year of Election)

(Check one box)

- [] I accept the voluntary expenditure ceiling for the election stated above. [] I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

[] I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

[] On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/9/21 (month, day, year)

Signature _____ (Candidate)

Clear Form

Print Form