

497 Contribution Report

APR 09 2026 *EM*

NAME OF FILER Lindsey Horvath For Supervisor 2022 Officeholder Account		Date of This Filing <u>04/09/2026</u>	RECEIVED BY LOS ANGELES COUNTY 2026 APR -9 PM 4:14 PROPOSITION B UNIT Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE / PHONE NUMBER (323) 655-4065	I.D. Number (if applicable) 1457026	Report No. LATE-20260408		
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
04/08/2026	Eli Halava Sherman Oaks CA 91423	IND	n/a Unemployed	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