

Candidate Intention Statement

Type or Print in Ink.

FEB 04 2025

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) _____

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LOS ANGELES COUNTY

2025 FEB -5 PM 12:08

PROPOSITION B UNIT

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Horvath, Lindsey

DAYTIME TELEPHONE NUMBER

(323) 632-7530

FAX NUMBER (optional)

()

E-MAIL (optional)

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.

☒ NON-PARTISAN

County Supervisor

Los Angeles

3

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2026

(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

2/3/25
(month, day, year)

Signature

(Candidate)

Clear Form

Print Form