

**Recipient Committee  
Campaign Statement  
Cover Page**

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CITY OF WEST HOLLYWOOD

COVER PAGE

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CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period  
from 07/01/2015  
through 12/31/2015

Date of Election if applicable  
  
(Month, Day, Year)

OFFICE OF THE CITY CLERK

**1. Type of Recipient Committee**

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored
- Primarily Formed Candidate/Officeholder Committee

**2. Type of Statement**

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

I.D. Number 1372737

COMMITTEE NAME  
Lindsey Horvath For West Hollywood City Council 2015

STREET ADDRESS (NO PO BOX)  
16633 Ventura Blvd # 1008

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 323/655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Jane Leiderman

STREET ADDRESS  
16633 Ventura Blvd # 1008

CITY STATE ZIP CODE AREA CODE/PHONE  
Encino CA 91436 323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/29/16 By \_\_\_\_\_  
 Executed on 1/28/16 By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

Statement covers period  
from 07/01/2015  
through 12/31/2015

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lindsey Horvath

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
West Hollywood

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
551 N Sweetzer Ave # 1 West Hollywood CA 90048

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS ( NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS ( NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2015	
through		Page 3 of 8
		I.D. NUMBER 1372737

NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 2,800.00	\$ 103,630.18
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+2	\$ 2,800.00	\$ 103,630.18
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3+4	\$ 2,800.00	\$ 103,630.18

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 3,528.29	\$ 111,537.06
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6+7	\$ 3,528.29	\$ 111,537.06
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	-2,500.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8+9+10	\$ 1,028.29	\$ 111,537.06

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
(If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

\* Amounts in this Section may be different from amounts reported in Column B.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 728.29
13. Cash Receipts ..... Column A, Line 3 above	2,800.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	3,528.29
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$ 0.00
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts ..... Add Lines 2+Line 9 in Column B above	\$ 0.00

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	12/31/2015	Page 4 of 8

NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015

I.D. NUMBER  
1372737

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/10/2015	8226 Sunset LLC 8226 W Sunset Blvd Los Angeles, CA 90046	OTH		500.00	500.00	500 (P15)
07/09/2015	Dante Atkins 1400 Irving St Washington, DC 20010	IND	Analyst Pollux Group	200.00	300.00	500 (P15)
07/10/2015	Bikes and Hikes LA 8743 Santa Monica Blvd Los Angeles, CA 90069	OTH		500.00	500.00	500 (P15)
07/09/2015	Becca Doten 3100 Riverside Dr Los Angeles, CA 90027	IND	Assistant State Controller's Office	100.00	250.00	250 (P15)

**SUBTOTAL \$** 1,300.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals ) .....	\$	2,800.00
2. Amount received this period - unitemized .....	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>2,800.00</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2015	
through	12/31/2015	Page 5 of 8

NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015

I.D. NUMBER  
1372737

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/17/2015	John Douponce  1352 N Gardner Ave Los Angeles, CA 90046	IND	Hotel Manager  Chamberlain Hotel	500.00	500.00	500 (P15)
09/03/2015	Sunset Marquis Hotel & Villas  1200 North Alta Loma Rd. West Hollywood, CA 90069	OTH		500.00	500.00	500 (P15)
07/10/2015	The International Union of Painters and Allied Trades  7234 Parkway Dr Hanover, MD 21076	COM	ID No. 1242103	500.00	500.00	500 (P15)

**SUBTOTAL \$** 1,500.00

\*\* Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule E  
Payments Made**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>	
from	07/01/2015	Page	6 of 8
through	12/31/2015	I.D. NUMBER	1372737

NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)                  | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                     | PET petition circulating                      | TEL t.v. or cable production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Barbara Grover Inc.  1823 Lucile Ave. Los Angeles, CA 90026	CNS		2,500.00
Leiderman & Associates Inc.  6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	PRO		35.60
Leiderman & Associates Inc.  6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	CNS		750.00
<b>SUBTOTAL \$</b>			<b>3,285.60</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,528.29
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 3,528.29</b>

**Schedule E (Continuation Sheet)  
Payments Made**

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2015	
through	12/31/2015	Page 7 of 8
NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015		I.D. NUMBER 1372737

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)                  | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                     | PET petition circulating                      | TEL t.v. or cable production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (internet,e-mail)            |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Leiderman & Associates Inc. 6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	PRO		12.75
Leiderman & Associates Inc. 6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	PRO		29.94
Miracle Mile Democratic Club P.O. Box 36377 Los Angeles, CA 90036 ID No:	CVC		100.00
Stonewall Democratic Club 1049 Havenhurst Dr. #325 West Hollywood, CA 90046 ID No: 971482	CVC		100.00

**SUBTOTAL \$** 242.69

**Schedule F  
Accrued Expenses (Unpaid Bills)**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>	
from	07/01/2015	Page	8 of 8
through	12/31/2015	I.D. NUMBER	1372737

NAME OF FILER Lindsey Horvath For West Hollywood City Council 2015

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)                  | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                     | PET petition circulating                      | TEL t.v. or cable production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (Internet,e-mail)            |

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Barbara Grover Inc. 1823 Lucile Ave. Los Angeles, CA 90026	See Schedule E for codes or descriptions.	2,500.00	0.00	2,500.00	0.00

**SUBTOTALS \$ 2,500.00 \$ 0.00 \$ 2,500.00 \$ 0.00**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 0.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 2,500.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) ..... **NET \$ -2,500.00**