

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Type or print in ink.

Statement covers period from <u>01/18/2015</u> through <u>02/14/2015</u>	Date of election if applicable: (Month, Day, Year) <u>03/03/2015</u>
Date Stamp	
CALIFORNIA FORM <b>460</b> Page <u>1</u> of <u>8</u> For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- 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:

- Preelection Statement
  - Semi-annual Statement
  - Termination Statement
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495
- To amend previous Schedule E

## 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 Christian Anthony Horvath for Redondo Beach City Council 2015

I.D. NUMBER  
 1373372

## Treasurer(s)

NAME OF TREASURER  
 John Gran

MAILING ADDRESS  
 2514 Vanderbilt Lane  
 Redondo Beach  
 CA 90278

CITY STATE ZIP CODE AREA CODE/PHONE  
 Redondo Beach CA 90278 310 261-5929

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 and in the attached schedules 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 2/11/16 Date  
 Executed on 2/11/16 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By  Signature of Treasurer  
 By  Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Christian Anthony Horvath

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Member, Redondo Beach City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1700 Van Horne Lane Redondo Beach CA 90278

**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 ADDRESS	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 ADDRESS	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, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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## 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

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 01/18/2015  
through 02/14/2015

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

I.D. NUMBER

1373372

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 4699.00	\$ 6648.00
2. Loans Received .....	Schedule B, Line 3 .00	1000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 4699.00	\$ 7648.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 800.00	800.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 5499.00	\$ 8448.00

## 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 \$ \_\_\_\_\_

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 4259.38	\$ 4259.38
7. Loans Made .....	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 4259.38	\$ 4259.38
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3 800.00	800.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 5059.38	\$ 5059.38

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) \_\_\_\_\_ Total to Date \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 3110.43
13. Cash Receipts .....	Column A, Line 3 above 4699.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 .00
15. Cash Payments .....	Column A, Line 8 above 4259.38
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3550.05

If this is a termination statement, Line 16 must be zero.

17. LOANGUARANTEES RECEIVED .....

Schedule B, Part 2 \$ .00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

See Instructions on reverse \$ .00

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above \$ 1000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER John Gran  
I.D. NUMBER 1373372

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/18/2015	David Witkin 627 N. Juanita Ave. Redondo Beach CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fund Manager Beryl Capital Management	200.00	200.00	
1/20/2015	4320 Imperial Inc. 4320 W. Imperial Highway Inglewood, CA 90304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4000.00	4000.00	
2/6/2015	Wendi Anton 1960 E. Grand Ave., #410 El Segundo CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Designer	250.00	250.00	
2/9/2015	Vanessa Charfen 1450 Frazee Road, Ste. 210 San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Axia Real Estate	100.00	100.00	
				<b>SUBTOTAL \$</b>	<b>4550.00</b>	

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4550.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 149.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4699.00

\*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

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/18/2015  
through 02/14/2015

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1373372

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**John Gran**

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	IF COMMITTEE, ALSO ENTER I.D. NUMBER	STREET ADDRESS AND ZIP CODE OF LENDER	IND	COM	OTH	PTY	SCC	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Principal Champ Creative Communication & Design		Christian Anthony Horvath 1700 Van Horne Lane Redondo Beach, CA 90278	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000.00	\$ .00	<input type="checkbox"/> PAID \$ .00 <input type="checkbox"/> FORGIVEN	\$ 1000.00 N/A	N/A % N/A	\$ 1000.00 11/6/14	\$ 1000.00 PER ELECTION**
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% DATE INCURRED	\$	\$ PER ELECTION**
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$	% DATE INCURRED	\$	\$ PER ELECTION**
<b>SUBTOTALS \$</b>								<b>.00 \$</b>	<b>.00 \$</b>	<b>.00 \$</b>	<b>1000.00 \$</b>	<b>.00</b>		

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ .00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ .00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** .00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

## CALIFORNIA FORM 460

Statement covers period  
from 01/18/2015  
through 02/14/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

I.D. NUMBER

1373372

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2015	Jeff Melodia 857 Avenue C Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Keeping It Local	Food and Beverages	800.00	800.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					<b>SUBTOTAL \$</b>	800.00	

Attach additional information on appropriately labeled continuation sheets.

### Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 800.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ .00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 800.00

\*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

**Schedule E  
Payments Made**

Statement covers period  
from 01/18/2015  
through 02/14/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

I.D. NUMBER

1373372

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| OMP | 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 airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citi Cards Processing Center Des Moines, IA 50363-0005			Credit card payment for purchases from vendors reported below.	284.59
Aricos Hallmark/USPS 1262 Beryl Street Redondo Beach CA 90277 Nationbuilder 520 S Grand Ave, 2nd Floor Los Angeles CA 90071 Vons 1212 Beryl Street Redondo Beach CA 90277		POS WEB	Food and supplies for volunteers	
99 Cents Only Stores 5130 190th Street Torrance CA 90504			Food and supplies for volunteers	

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 284.59**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4259.38
- Unitemized payments made this period of under \$100 ..... \$ .00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ .00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 4259.38**

# Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/18/2015  
through 02/14/2015

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

John Gran

I.D. NUMBER  
1373372

**CODES:** If one of the following codes 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 airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lawrence Fox Consulting 615 Esplanade Suite 604 Redondo Beach, CA 90277	CNS			2385.70
Citi Cards Processing Center Des Moines, IA 50363-0005			Credit card payment for purchases from vendors reported below	1,589.09
Impact Productions 350 N. PCH Redondo Beach, CA 90277 Jimmy's 2701 190th Street 100 Redondo Beach CA 90278 4Over 5900 San Fernando Rd. Glendale, CA 91202			CMP FND LIT	
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				
<b>SUBTOTAL \$</b>				<b>3974.79</b>