

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Type or print in ink.

Statement covers period from <u>04/26/2015</u> through <u>06/30/2015</u>	Date of election if applicable: (Month, Day, Year) <u>05/12/2015</u>
Date Stamp <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;"> CALIFORNIA FORM 460 </div>	
Page <u>1</u> of <u>7</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 Schedule E

3. Committee Information

I.D. NUMBER
1373372

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Christian Anthony Horvath for Redondo Beach City Council 2015

Treasurer(s)

NAME OF TREASURER

John Gran

MAILING ADDRESS

2514 Vanderbilt Lane

CITY

Redondo Beach

STATE

CA

ZIP CODE

90278

AREA CODE/PHONE

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 2/1/16 Date
 Executed on 2/1/16 Date
 Executed on _____ Date
 Executed on _____ Date

By  Signature of Treasurer/Assistant Treasurer
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, 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 04/26/2015
through 06/30/2015

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FORM **460**

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I.D. NUMBER
1373372

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 4625.00	\$ 20143.00
2. Loans Received	Schedule B, Line 3 4000.00	5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 8625.00	\$ 25143.00
4. Nonmonetary Contributions	Schedule C, Line 3 .00	800.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 8625.00	\$ 25943.00

**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 \$ 14549.36	\$ 23364.21
7. Loans Made	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 14549.36	\$ 23364.21
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3 .00	800.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 14549.36	\$ 24164.21

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 7864.58
13. Cash Receipts	Column A, Line 3 above 8625.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 .00
15. Cash Payments	Column A, Line 8 above 14549.36
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1940.22

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

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.

Cash Equivalents and Outstanding Debts

17. LOANGUARANTEES RECEIVED	Schedule B, Part 2 \$.00
18. Cash Equivalents	See Instructions on reverse \$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 5000.00

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

Schedule A
Monetary Contributions Received

Statement covers period
from 04/26/2015
through 06/30/2015
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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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/01/2015	UA Journeymen & Apprentices Local #250 ID # 743959 18355 S. Figueroa St. Gardena CA 90248	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	3500.00	
05/01/2015	Southern California Pipe Trades District Council #16 ID # 760715 501 Shatto Place, Ste. 400 Los Angeles CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00	3500.00	
05/02/2015	Kathryn Kalata 4426 Highgrove Ave. Torrance CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Redondo Beach Unified School District	100.00	100.00	
05/12/2015	Athens Services PO Box 600009 City of Industry CA 91716	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
06/12/2015	Brett Henry 1145 Stanford Ave. Redondo Beach CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Trojan Storage	500.00	1000.00	
SUBTOTAL \$				4600.00		

*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 A Summary
1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4600.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 25.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4625.00

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 04/26/2015
through 06/30/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Gran

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	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
Christian Anthony Horvath 1700 Van Horne Lane Redondo Beach, CA 90278	Principal Champ Creative Communication & Design	\$ 1000.00	\$.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN	\$ 1000.00	N/A %	\$ 1000.00	\$.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC							DATE INCURRED 11/6/14	CALENDAR YEAR PER ELECTION**
Christian Anthony Horvath 1700 Van Horne Lane Redondo Beach, CA 90278	Principal Champ Creative Communication & Design	\$.00	\$ 4000.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN	\$ 4000.00	N/A %	\$ 4000.00	\$ 4000.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC							DATE INCURRED 06/03/15	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC							DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$					4000.00 \$.00 \$	5000.00 \$.00

Schedule B Summary

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

- Loans received this period..... \$ 4000.00
(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 \$** 4000.00
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 E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 04/26/2015
through 06/30/2015

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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
Marc Sussman 619 A South Cypress St Orange, CA 92866	CNS			10000.00
Citibank/Choice PO Box 183071 Columbus, OH 43218-3071			Credit card payment for purchases from vendors reported on the following Continuation Sheet	4549.36

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

SUBTOTAL \$ 14549.36

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 14549.36
- 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 \$** 14549.36

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

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

**CALIFORNIA 460
FORM**

Statement covers period
from 04/26/2015
through 06/30/2015
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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
4Over 5900 San Fernando Rd Glendale, CA 91202 Facebook 1 Hacker Way Menlo Park, CA 94025 Vons 1212 Beryl Ave Redondo Beach, CA 90277	LIT WEB CMP			
99 Cents Only Store 5130 190th Street Torrance CA 90504 Amazon 1200 12th Ave. South, Ste. 1200 Seattle WA 98144-2734 Citibank Processing Center Des Moines IA 50363-0005	CMP CMP OFC			
Albertsons 1516 S Pacific Coast Hwy Redondo Beach, CA 90277 Nationbuilder 520 S Grand Ave, 2nd Floor Los Angeles CA 90071 Shanahan Printing + Graphics P. O. Box 1327 Torrance CA 90505	CMP WEB LIT			
Automatic Printing Co, 1621 Cabrillo Ave, Torrance, CA 90501 Jimmy's 2701 190th Street Suite 100 Redondo Beach CA 90278 City of Redondo Beach 415 Diamond St Redondo Beach, CA 90277	LIT FND OFC			

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

SUBTOTAL \$.00