

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM

460

Page 1 of 3

For Official Use Only

Type or print in ink.

Date of election if applicable:

(Month, Day, Year)

05/12/2015

Statement covers period

from 01/01/2016

through 06/30/2016

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

## 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

Christian Anthony Horvath

MAILING ADDRESS

1700 Van Horne Lane

STREET ADDRESS (NO P.O. BOX)

1700 Van Horne Lane

CITY

Redondo Beach

STATE CA

ZIP CODE 90278

AREA CODE/PHONE 310 933-1378

STREET ADDRESS (NO P.O. BOX)

1700 Van Horne Lane

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OPTIONAL: FAX / E-MAIL ADDRESS

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## 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 7/7/16

Date

Executed on 7/7/16

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By  Signature of Treasurer or 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

CALIFORNIA  
FORM **460**

Page 2 of 3

## 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

## 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 01/01/2016  
through 06/30/2016

CALIFORNIA  
FORM 460

Page 3 of 3

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 \$ .00	\$ .00
2. Loans Received	Schedule B, Line 3 \$ .00	\$ .00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ .00	\$ .00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ .00	\$ .00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ .00	\$ .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 \$ .00	\$ .00
7. Loans Made	Schedule H, Line 3 \$ .00	\$ .00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ .00	\$ .00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ .00	\$ .00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ .00	\$ .00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ .00	\$ .00

## 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 \$ 820.41
13. Cash Receipts	Column A, Line 3 above \$ .00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ .00
15. Cash Payments	Column A, Line 8 above \$ .00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 820.41

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

To calculate Column B, add amounts in Column B, add 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.

## 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 \$ .00