

0218-405-1

COVER PAGE

Recipient Committee Campaign Statement Cover Page

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 CALIFORNIA FORM 460
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 Official Use Only
 CAMPAIGN FINANCE

Statement covers period from 07/01/2022 through 09/24/2022
 Date of Election if applicable 11/06/2018
 (Month, Day, Year)

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
To add Candidate's Original Signature

3. Committee Information I.D. Number 1367374
 COMMITTEE NAME Scott Houston For Director West Basin 2022
 STREET ADDRESS (NO PO BOX)
 CITY Encino STATE CA ZIP CODE 91436 AREA CODE/PHONE 310/613-1632
 MAILING ADDRESS (IF DIFFERENT)
 CITY STATE ZIP CODE
 OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)
 NAME OF TREASURER Jane Leiderman
 STREET ADDRESS
 CITY Encino STATE CA ZIP CODE 91436 AREA CODE/PHONE 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 this statement and the information contained herein is true and correct. I certify under penalty of perjury that the information contained herein is true and correct.
 Executed on 10/3/22 By _____
 Executed on 9/26/2022 By _____
 Executed on _____ By _____
 Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT