

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

7/21/23 ①

Date of election if applicable:  
(Month, Day, Year)

**Amendment** (Explain Below)

Date Stamp  
RECEIVED BY  
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DISCLOSURE SECTION

CALIFORNIA FORM 470  
For Official Use Only

1. Statement Covers Calendar Year 20 23

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Noel Lee Chun, M.D.

STREET ADDRESS

Redondo Beach

AREA CODE/DAYTIME PHONE NUMBER

310-374-3426

STATE ZIP CODE

CA 90277

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Beach Cities Health District Board of Directors

JURISDICTION (LOCATION)

Los Angeles County

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 in contributions and less than \$2,000 in expenditures in the calendar year covered by this statement. I certify under penalty of perjury under the law

Executed on 07-20-2023  
DATE