

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

8721 7/29/21 (3)

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11-03-2020</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>_____</p> <p>_____</p>
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<p>Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 AUG -2 PM 3:32 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only 011914</p>
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1. Statement Covers Calendar Year 20 ²¹ _____.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Vanessa Poster

STREET ADDRESS

CITY STATE ZIP CODE
Redondo Beach CA 90277

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
310-408-4567

OFFICE SOUGHT OR HELD
Board Member

<p>JURISDICTION (LOCATION) <u>Beach Cities Health District</u></p>	<p>DISTRICT NUMBER (IF APPLICABLE)</p>
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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
n/a		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$500 in contributions during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that the information provided is true and correct.

calendar year and that I have used

Executed on July 28, 2021
DATE

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