

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

40C 5

Date of election if applicable:  
(Month, Day, Year)  
11/08/2022

**Amendment** (Explain Below)

Date Stamp  
**RECEIVED BY  
LOS ANGELES COUNTY**  
2022 AUG -1 PM 5:14  
CAMPAIGN FINANCE

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 2022

**2. Officeholder or Candidate Information**

**3. Office Sought or Held**

NAME OF OFFICEHOLDER OR CANDIDATE  
Michelle Anne Bholat

STREET ADDRESS  
Redondo Beach, CA 90288

CITY  
Redondo Beach, CA 90288

STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER  
(310) 4898962

OPTIONAL: FAX / E-MAIL ADDRESS  
(310) 4535106 mhbholat@mednet.ucla.edu

OFFICE SOUGHT OR HELD  
Board of Directors, Beach Cities Health District

JURISDICTION (LOCATION)  
Redondo Beach (District)

DISTRICT NUMBER (IF APPLICABLE)  
N/A

**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
<u>N/A</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \_\_\_\_\_ year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the \_\_\_\_\_

Executed on August 1, 2022  
DATE

By \_\_\_\_\_