

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

7/20/22 (3)

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

11/3/2020

Amendment (Explain Below)

Date Stamp
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CAMPAIN FINANCE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Beach Cities Health District

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of

calendar year and that I have used

Executed on July 19, 2022
DATE

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DATE