

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

Email 7/31/23

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

11/3/2020

Amendment (Explain Below)

Date Stamp
RECEIVED
LOS ANGELES COUNTY
2023 AUG -4 PM 2:14
CAMPAIGN FINANCE
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
Vanessa Poster

STREET ADDRESS

CITY STATE ZIP CODE
Redondo Beach CA 90277

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION)
Beach Cities Health District

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
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 \$2,000 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 I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement.

Executed on July 31, 2023
DATE