

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

0219

<p>Date of election if applicable: (Month, Day, Year)</p> <p>11/08/2022</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <p>RECEIVED BY LOS ANGELES COUNTY 2022 AUG 31 PM 3:05 CAMPAIGN FINANCE</p>	<p>Date Stamp</p> <p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p> <p>021532</p>
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Michael Kelly Martin

STREET ADDRESS

CITY STATE ZIP CODE
Redondo Beach CA 90277

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
714-403-2952 drmikemartin@outlook.com

3. Office Sought or Held

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

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Los Angeles County

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 and that I will spend 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 the State of California that the foregoing is true and correct.

Executed on August 28, 2022
DATE

By _____