

5724.

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

Amendment (Explain Below)

Date Stamp  
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Michelle Anne Bholat

CITY Redondo Beach, CA STATE CA ZIP CODE 90278

AREA CODE/DAYTIME PHONE NUMBER 310 4898962 OPTIONAL: FAX/E-MAIL ADDRESS

3. Office Sought or Held

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

JURISDICTION (LOCATION) Los Angeles 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

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 California that the information provided in this statement is true and correct.

Executed on 11/06/2024  
DATE