

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

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

11/3/2020

Amendment (Explain Below)

Date Stamp	RECEIVED BY LOS ANGELES COUNTY 2024 JUL 30 AM 11:42 CAMPAIGN FINANCE	CALIFORNIA FORM	470
		For Official Use Only	

1. Statement Covers Calendar Year 20 24

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 \$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 July 26, 2024
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE