

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Supporters of the Beach Cities Health District		Date of This Filing 9/23/24	RECEIVED BY Date Stamp 2024 SEP 24 AM 11:40 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 938-2959	I.D. NUMBER (if applicable) 1470180	Report No. 3		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Manhattan Beach	STATE CA	ZIP CODE 90266		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/23/24	Michelle Bholat Redondo Beach, CA 90278	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician University of California Los Angeles	2000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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