

497 Contribution Report

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

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER Supporters of the Beach Cities Health District		Date of This Filing 10/01/2024	RECEIVED BY 2024 OCT -1 PM 4:51 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 938-2959	I.D. NUMBER (if applicable) 1470180	Report No. 4		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Manhattan Beach	STATE CA	ZIP CODE 90266	No. of Pages 1	

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
10/01/2024	PMB LLC Solana Beach, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <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

Reason for Amendment: _____

****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