

# 497 Contribution Report

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

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CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

NAME OF FILER Supporters of the Beach Cities Health District			Date of This Filing 10/06/24	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER 310 938-2959	I.D. NUMBER (if applicable) 1470180		Report No. 5		
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
10/03/24	David Poster Redondo Beach, CA 90277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	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