

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

④ L.W 5722

Date of election if applicable: (Month, Day, Year) 11/08/2022	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22

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2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
 Noel Lee Chun, M.D.

STREET ADDRESS

CITY STATE ZIP CODE
 Redondo Beach CA 90277

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
 310-374-3426

3. Office Sought or Held

OFFICE SOUGHT OR HELD
 Beach Cities Health District Board of Directors

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
 Los Angeles County

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
None		

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 07/19/2022
 DATE

By _____
 SIGNATURE OF OFFICEHOLDER OR CANDIDATE