

**Recipient Committee
Campaign Statement
Cover Page**

7/15/23 FX

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2023 JUL 17 PM 2:16
CAMPAIGN FINANCE

CALIFORNIA FORM 460

Page _____ of _____
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Statement covers period
from 01/01/2023
through 06/30/2023

Date of election if applicable:
(Month, Day, Year) 11/08/22

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination Amendment - (Explain below))

Quarterly Statement
 Special Odd-Year Report

Incorrect filing date entered on previously submitted Form 460.

3. Committee Information

I.D. NUMBER
1453562

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Michelle Anne Bholat Board Directors Beach Cities Health District

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Redondo Beach CA 90278 310 4898962

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
mbholat@mednet.ucla.edu

Treasurer(s)

NAME OF TREASURER
Michelle Bholat

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Redondo Beach CA 90278 310 4898962

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that

Executed on 07/12/2023 Date _____
 Executed on 07/12/2023 Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent