

**497 Contribution Report**

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

RECEIVED BY  
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Michelle Anne Bholat Board Directors Beach Cities Health District			Date of This Filing 10/8/22	Date Stamp 2022 OCT 11 AM 9:	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310 489 8962	I.D. NUMBER (if applicable) 1453562		Report No. 1	CAMPAIGN FINANCE 10/8/22 Email	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Redondo Beach	STATE CA	ZIP CODE 90278	No. of Pages _____		019521

**1. Contribution(s) Received**

C11855

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
10/7/22	Michelle Anne 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 and Administrator UCLA Medical Center	5000.00 <input checked="" type="checkbox"/> Check if Loan N/A % 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