

Officeholder and Candidate

470

Campaign Statement –
Short FormDate of election if applicable:
(Month, Day, Year)

11, 5, 2024

☐ Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA
FORM

For Official Use

0217

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Boon Lim

STREET ADDRESS

CITY

Altadena

AREA CODE/DAYTIME PHONE NUMBER

818 639 1688

STATE

CA

ZIP CODE

91001

OPTIONAL: FAX / E-MAIL ADDRESS

boonlim@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD OF TRUSTEES

JURISDICTION (LOCATION)

ALTADENA LIBRARY DISTRICT

DISTRICT NUMBER
(IF APPLICABLE)

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

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 all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on

8/9/2024

DATE

By

OFFICEHOLDER OR CANDIDATE