

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

6E24

Date of election if applicable:  
(Month, Day, Year)

11, 5, 2024

Amendment (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp  
**RECEIVED BY**  
**LOS ANGELES COUNTY**  
**4SS**  
2024 AUG -9 AM 9:06  
**CAMPAIGN FINANCE**

**CALIFORNIA FORM 470**  
For Official Use Only  
**021714**

1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Boon Lim

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
Altadena CA 91001

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
818 639 1688 boonlim@gmail.com

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
BOARD OF TRUSTEES

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
ALTADENA LIBRARY DISTRICT 1

**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 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 information provided is true and correct.

Executed on 8/19/2024 DATE

By \_\_\_\_\_ OFFICEHOLDER OR CANDIDATE