

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

4 GE24-1

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 JUL 31 AM 11:27
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
020877

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kameelah Wilkerson

STREET ADDRESS

CITY: Altadena STATE: CA ZIP CODE: 91001

AREA CODE/DAYTIME PHONE NUMBER: 626 390-1878 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board of Trustees Altadena Library District

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE) 2

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

Executed on 7/31/24 DATE