

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

CALIFORNIA
FORM **470**

For Official Use Only

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

NOVEMBER, 5, 2024

Amendment (Explain Below)

Date Stamp
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LOS ANGELES COUNTY
2023 JUL 24 PM 1:53
CAMPAIGN FINANCE
DISCLOSURE SECTION

1. Statement Covers Calendar Year 20 23 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ANTHONY J. LIMA

STREET ADDRESS

CITY

HACIENDA HEIGHTS

AREA CODE/DAYTIME PHONE NUMBER

909-714-6686

STATE

CA

ZIP CODE

91745

OPTIONAL: FAX / E-MAIL ADDRESS

alima@rwd.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD OF DIRECTOR

JURISDICTION (LOCATION)

ROWLAND WATER DISTRICT

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 laws of the State of California that the information provided is true and correct.

Executed on 7/20/2023
DATE

By _____