

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

5721

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ANTHONY J. LIMA

STREET ADDRESS

CITY STATE ZIP CODE
ROWLAND HEIGHTS CA 91748

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
562-697-1726

3. Office Sought or Held

OFFICE SOUGHT OR HELD
DIRECTOR, DIVISION 2

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
ROWLAND WATER DISTRICT

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 \$10,000 in contributions during the term of my office and 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 in this statement is true and correct.

I have used

Executed on JULY 1, 2021

 DATE

By _____