

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

7/19/24 (3)

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Date of election if applicable: (Month, Day, Year) <hr/>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE		
Frank Colcord		
STREET ADDRESS		
CITY	STATE	ZIP CODE
La Crescenta	CA	91214
AREA CODE/DAYTIME PHONE NUMBER		OPTIONAL: FAX / E-MAIL ADDRESS
(818) 216-5482		mr.frank.colcord@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD	
Director	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
Foothill Municipal Water District	5

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 July 19, 2024 By _____

DATE