

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

July 4

6E24

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

Amendment (Explain Below)

Date Stamp

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CAMPAIGN FINANCE 020746

CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
JAMES J. CRABB

STREET ADDRESS
LA HABRA

STATE CA ZIP CODE 90631

AREA CODE/DAYTIME PHONE NUMBER
LA HABRA

OPTIONAL: FAX / E-MAIL ADDRESS
ICRABB@LHCCWD.COM

3. Office Sought or Held

OFFICE SOUGHT OR HELD
LA HABRA HILLS WATER DISTRICT Member Board of Directors

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

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 foregoing is true and correct.

Executed on 7/23/24 DATE

OFFICEHOLDER OR CANDIDATE