

7/24/21 (1)

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JUL 26 PM 2:42 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Frank Colcord

STREET ADDRESS
2424 Olive Ave

CITY STATE **ZIP CODE**
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 law: _____ it.

Executed on July 24, 2021
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form