

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

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

Amendment (Explain Below)

Date Stamp 6/7 2/21
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CAMPAIGN FINANCE

**CALIFORNIA
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20

21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

GARRY E. BRYANT

STREET ADDRESS

CITY

LaCanada

STATE

CA

ZIP CODE

91011

AREA CODE/DAYTIME PHONE NUMBER

213 217-6443

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR, FOOTHILL MUNICIPAL WATER DISTRICT

JURISDICTION (LOCATION)

COUNTY OF LOS ANGELES

DISTRICT NUMBER
(IF APPLICABLE)

DIVISION 1

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 August 19, 2021 _____
DATE

By _____