

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

7/20/23

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

Amendment (Explain Below)

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

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1. Statement Covers Calendar Year 20

23

CAMPAIGN FINANCE
DISCLOSURE SECTION

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Frank Colcord

STREET ADDRESS

CITY

La Crescenta

AREA CODE/DAYTIME PHONE NUMBER

(818) 216-5482

STATE

CA

ZIP CODE

91214

OPTIONAL: FAX / E-MAIL ADDRESS

mr.frank.colcord@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

Foothill Municipal Water District

DISTRICT NUMBER
(IF APPLICABLE)

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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 have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law that I have

Executed on July 19, 2023
DATE

By _____

Clear Form

Print Form