

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11-5-24

☐ Amendment (Explain Below)

Date Stamp FILED AUG 02 2024 CRISTY JAYNE EDWARDS COLUSA COUNTY CLERK-RECORDER	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

FRANK A. PENDELL

STREET ADDRESS

CITY

STony ford

STATE

CA.

ZIP CODE

95979

AREA CODE/DAYTIME PHONE NUMBER

530-774-3022

OPTIONAL: FAX / E-MAIL ADDRESS
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3. Office Sought or Held

OFFICE SOUGHT OR HELD

DIRECTOR

JURISDICTION (LOCATION)

BUIVFPD

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

8/2/2024

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE