

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

5723

Date Stamp  
8/14/23 (1)

CALIFORNIA FORM 470  
LOS ANGELES COUNTY  
2023 AUG 16 PM 2:01  
CAMPAIGN FINANCE DISCLOSURE SECTION

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

Amendment (Explain Below)

1. Statement Covers Calendar Year 20

23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
LaDrena Dansby

STREET ADDRESS

CITY STATE ZIP CODE  
La Canada Flintridge CA 91011

AREA CODE/DAYTIME PHONE NUMBER  
818-790-4036

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Board of Directors, Foothill Municipal Water District

JURISDICTION (LOCATION)  
Los Angeles County

DISTRICT NUMBER (IF APPLICABLE)  
3

LACANADA FLINTRIDGE, CA 91011

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 |
|--------------------------------|-------------------|-------------------|
| NONE.                          |                   |                   |
| NONE.                          |                   |                   |

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 this information is true and correct.

Executed on 8/14/2023  
DATE

By \_\_\_\_\_  
HOLDER OR CANDIDATE

Clear Form Print Form