Candidate Intention Statement	Date Stamp CALIFORNIA 501
Check One: Amendment (Explain)	FORM SUL For Official Use Only
1. Candidate Information:	
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMB	( ) vote for blaine @ ano.).co
OFFICE SOUGHT (POSITION HILE)  COTY  AGENCY NAME	DISTRICT NUMBER, if applicable. NON-PARTISAN OFFICE
OFFICE JURISDICTION  State (Complete Part 2.)  Corny Flem. Schol D.s.  (Name of Multi-County Jurisdiction)	PARTY PREFERENCE: (Check one box, if applicable.)  PARTY PREFERENCE: (Check one box, if applicable.)  PRIMARY / GENERAL (Year of Election)  SPECIAL / RUNOFF
2. State Candidate Expenditure Limit Statement:  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2  (Check one box)  I accept the voluntary expenditure ceiling for the election stated above.  I do not accept the voluntary expenditure ceiling for the election stated above.	
Amendment:	
O I did not exceed the expenditure ceiling in the primary or special election ceiling for the general or special run-off election.	field on/ and I accept the voluntary expenditure
(Mark if applicable)	
On,I contributed personal funds in excess of the expenditure	e ceiling for the election stated above.
3. Verification:	<del></del>
I certify under penalty of perjury under the laws of the State of California that the  Executed on   O7 / 2 Z / 20 2 2  (month, day, year)  Signatur	

Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 2 2 2022	CALIFORNIA 470 For Official Use Only
 1.	Statement Covers Calendar Year 20 22	Nov 3th, 2012		TC Elections	
2.	Officeholder or Candidate Information  NAME OF OFFICEHOLDER OR CANDIDATE  STREET ADDRESS  CITY  AREA CODE/DAYTIME PHONE NUMBER	Slaine Smith  CA 96021  STATE ZIP CODE  OPTIONAL: FAX/E-MAIL ADDRESS	3. Office Sought or Held  OFFICE SOUGHT OR HELD  Corning Un.  JURISDICTION (LOCATION)  Column	Corning	DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge the COMMITTEE NAME AND I.D. NUMBER	nat are primarily formed to rece	ive contributions or to make expenditu COMMITTEE ADDRESS		CY. OF TREASURER
5.	Verification  I declare under penalty of perjury that to the best of my lall reasonable diligence in preparing this statement. I can be seemed as a second of the second o	knowledge I anticipate that I will re ertify under penalty of perjury unde	eceive less than \$2,000 and that I will sper er the laws of the State of California that th	nd less than \$2,000 during the ca ne foregoing is true and correct	

Officeholder and Candidate				
Campaign Statement Form 470 Supplement	Amendment (Explain Below)	Date Stamp	CALIFORNIA 470	
SEE INSTRUCTIONS ON REVERSE		JUL 2 2 2022	For Official Use Only	
This form is written notification that the officeholder/candidate listed below has remade expenditures of \$2,000 or more during the calendar year.	eceived contributions totaling \$2,000 or more or has	TO Elections		
1. Officeholder or Candidate Information				
NAME OF OFFICEHOLDER OR CANDIDATE  COrning Union Elem. School STREET ADDRESS	Distict / Blaine	Smitc		
STATE	96021			
Corring				
N I		@gmail.com		
2. Office Sought				
Corning Un. Elematory School Di	DISTRICT NUM (IF APPLICABLE			
DATE OF ELECTION (MONTH, DAY, YEAR)				
Nev. 8th, 2022				
3. Date Contributions Totaling \$2,000 or More Were Received or	r Date Expenditures of \$2,000 or More Wo	ere Made		
07 [22] 7022 (MONTH, DAY, YEAR)				