

Officeholder and Candidate
Campaign Statement –
Short Form

COPY

Date of election if applicable: (Month, Day, Year) <u>11/5/24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED JUL 15 2024 TEHAMA COUNTY ELECTIONS	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 <u>Barbara Morgan</u>		
STREET ADDRESS <u>[REDACTED]</u>		
CITY <u>Tehama</u>	STATE <u>CA</u>	ZIP CODE <u>96090</u>
AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX / E-MAIL ADDRESS _____		

3. Office Sought or Held

OFFICE SOUGHT OR HELD <u>UmUSD Tehama Trustee</u>	
JURISDICTION (LOCATION) <u>UmUSD Tehama Trustee</u>	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 7/15/24 DATE

By [REDACTED]

Candidate Intention Statement

Date Stamp
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FORM

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Check One: ☒ Initial ☐ Amendment
(Explain)

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JUL 15 2024

TEHAMA COUNTY ELECTIONS

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

Barbara Morgan

STREET ADDRESS

CITY

STATE

ZIP CODE

[REDACTED]

Tehama CA

96090

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN OFFICE

LMUSD Tehama Trustee

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☒ PRIMARY / GENERAL

☐ City ☒ County ☐ Multi-County:

(Name of Multi-County Jurisdiction)

(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:

☐ I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/15/24
(month, day, year)

Signature

[REDACTED]