

Candidate Intention Statement

COPY

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Check One: ☒ Initial ☐ Amendment
(Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Brummet, Becky L	[REDACTED]	(NA)	beckybrummet@sbcglobal.net
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	Orland	CA	95963
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
Orland Governing Board	Orland Unified School District	NA	PARTY PREFERENCE:
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.)	Glenn / Tehama	11/05/2024	<input checked="" type="checkbox"/> PRIMARY / GENERAL
<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	<input type="checkbox"/> 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

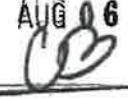
August 6, 2024
(month, day, year)

Signature

[REDACTED]
(Candidate)

Officeholder and Candidate
Campaign Statement -
Short Form

COPY

Date of election if applicable: (Month, Day, Year) November 5, 2024	<input type="checkbox"/> Amendment (Explain Below) 	Date Stamp FILED SENDA PEREZ, COUNTY CL AUG 06 2024 BY:  DEPUTY	CALIFORNIA FORM 470 For Official Use Only
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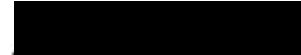
1. Statement Covers Calendar Year 20 24

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Becky L Brummet

STREET ADDRESS



CITY

Orland

STATE

CA

ZIP CODE

95963

AREA CODE/DAYTIME PHONE NUMBER



OPTIONAL: FAX / E-MAIL ADDRESS

NA

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Orland Governing Board Member

JURISDICTION (LOCATION)

Orland Unified School District

DISTRICT NUMBER
(IF APPLICABLE)

NA

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
NA		

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

August 6, 2024
DATE

By



Clear Form

Print Form