

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

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

11-8-2022

☐ Amendment (Explain Below)

Date Stamp

AUG 11 2022

TC Elections

CALIFORNIA
FORM

470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

DANIEL LESSEL RODNE

STREET ADDRESS

[REDACTED]

CITY

RED BLUFF

STATE

CA

ZIP CODE

96008

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

ANTELOPE

SCHOOL DIST

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

N/A

COMMITTEE ADDRESS

N/A

NAME OF TREASURER

N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$25,000 in 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 information provided is true and correct.

Executed on

8-11-2022

DATE

By

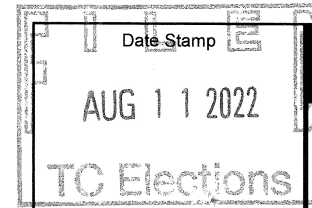
[REDACTED]

DATE

Candidate Intention Statement

Check One: ☒ Initial

☐ Amendment (Explain) _____



CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

BOONE, DANIEL LESLIE

DAYTIME TELEPHONE NUMBER

[REDACTED]

FAX NUMBER (optional)

(N/A)

EMAIL (optional)

N/A

STREET ADDRESS

[REDACTED]

STATE

RED BLUFF

ZIP CODE

CA

96080

OFFICE SOUGHT (POSITION TITLE)

BOARD MEMBER

AGENCY NAME

ANTELOPE SCHOOL DIST

DISTRICT NUMBER, if applicable

☒ NON-PARTISAN OFFICE

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Check one box, if applicable.)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

2022
(Year of Election)

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

8-11-2022

(month, day, year)

Signature

[REDACTED]

(Candidate)