

# Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment  
(Explain)

COPY

FILED SENDRY PEREZ, COUNTY CLERK AUG 07 2024 BY <u>K. Price</u> DEPUTY	CALIFORNIA FORM 501 For Official Use Only
---	---

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>MONCK, NATHANIEL T</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) [REDACTED]	EMAIL (optional) [REDACTED]
STREET ADDRESS [REDACTED]	CITY <u>ORLAND CA</u>	STATE <u>CA</u>	ZIP CODE <u>95963</u>
OFFICE SOUGHT (POSITION TITLE) <u>SCHOOL BOARD</u>	AGENCY NAME <u>ORLAND UNIFIED SCHOOL DISTRICT</u>	DISTRICT NUMBER, if applicable. [REDACTED]	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County: (Name of Multi-County Jurisdiction)	2024 (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 \_\_\_\_\_ that the information provided is true and correct.

Executed on 7/23/2024 Signature [REDACTED]  
(month, day, year) (Candidate)

**COPY** Date Stamp

**1. Statement Covers Calendar Year 20\_\_\_\_\_**

### 3. Office Sought or Held

OFFICE SOUGHT OR HELD	
SCHOOL BOARD MEMBER ORLAND UNIT 11	
JURISDICTION (LOCATION)	DISTRICT NUMBER (IF APPLICABLE)
ORLAND	

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

## 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 [REDACTED] that the information provided is true and correct.

DATE \_\_\_\_\_

By:

Copyright © 2004 John Wiley & Sons, Ltd.

**Print Form**