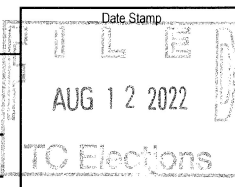


Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable:
(Month, Day, Year)
11/8/22

☐ Amendment (Explain Below)



CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Patricia D. Spangle

STREET ADDRESS

[REDACTED]

CITY

Palmes Creek

STATE

ZIP CODE

CA

96075

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope School Board, Trustee

JURISDICTION (LOCATION)

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

[REDACTED]

8/12/22

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp AUG 12 2022 FPC Elections	CALIFORNIA FORM 501
	For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Patricia Spangle, Patricia DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) N/A EMAIL (optional) gadma286@gmail.com
 STREET ADDRESS [REDACTED] CITY Paynes CK STATE CA ZIP CODE 96075
 OFFICE SOUGHT (POSITION TITLE) Antelope School Board Trustee AGENCY NAME [REDACTED] DISTRICT NUMBER, if applicable [REDACTED] ☒ NON-PARTISAN OFFICE
 OFFICE JURISDICTION ☐ State (Complete Part 2.) ☒ City ☒ County ☐ Multi-County: _____ (Name of Multi-County Jurisdiction) 20/22 (Year of Election) ☒ PRIMARY / GENERAL ☐ SPECIAL / RUNOFF
 (Check one box, if applicable.)

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 8/12/22
(month, day, year)

Signature [REDACTED]

FPPC Form 501 (August/2018)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov