

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Filed SENDA PEREZ, COUNTY CLERK AUG 02 2022 BY <u>K. Perez</u> DEPUTY	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Orlando Shannan M DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () N/A EMAIL (optional) ssccvande@gmail.com
STREET ADDRESS [REDACTED] CITY Orlando STATE CA ZIP CODE 95963
CITY AGENCY NAME Governing Board Member Orlando Unified School District DISTRICT NUMBER, if applicable, [REDACTED] NON-PARTISAN OFFICE ☐
OFFICE JURISDICTION: (Check one box, if applicable.)
☐ State (Complete Part 2.) ☐ City ☐ County ☒ Multi-County: Glenn & Tehama (Name of Multi-County Jurisdiction) 2022 (Year of Election) ☐ PRIMARY / GENERAL ☐ 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 8/2/2022
(month, day, year)

Signature [REDACTED]

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

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>11-8-22</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp FILED SENDA PEREZ, COUNTY CLERK AUG 02 2022 BY <u>SP/2022</u>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Shannon Ovard

STREET ADDRESS

[REDACTED]

CITY

Orland

STATE

ZIP CODE

CA 95963

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

sscoverd@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION)

Orland Unified School District

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

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 \$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

7/25/2022

DATE

By

[REDACTED]

OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form