

Candidate Intention Statement

Check One: ☒ Initial ☐ Amendment
(Explain)

COPY

Date Stamp RECEIVED AUG 06 2024 TEHAMA COUNTY ELECTION	CALIFORNIA FORM 501 For Official Use Only
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1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Shawn Snider DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () EMAIL (optional) Snider@AntelopeSchools.org
STREET ADDRESS [REDACTED] CITY Red Bluff STATE CA ZIP CODE 96080
OFFICE SOUGHT (POSITION TITLE) Board Member AGENCY NAME Antelope Elementary School Board DISTRICT NUMBER, if applicable. [REDACTED] ☒ NON-PARTISAN OFFICE
OFFICE JURISDICTION [REDACTED] PARTY PREFERENCE: [REDACTED]
☐ State (Complete Part 2.) ☒ County ☐ Multi-County: Tehama (Name of Multi-County Jurisdiction) 2024 (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 8-6-24
(month, day, year)

Signature [REDACTED]
(Candidate)

Officeholder and Candidate
Campaign Statement –
Short Form

COPY

Date of election if applicable: (Month, Day, Year) <u>11-5-24</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED AUG 06 2024 TEHAMA COUNTY ELECTIONS	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

Shawn Snider

STREET ADDRESS

[REDACTED]

CITY

STATE

ZIP CODE

Red Bluff

CA

96080

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

ssnider@AntelopeSchools.org

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member

JURISDICTION (LOCATION)

Antelope Elementary 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

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

8-6-24

DATE

By

[REDACTED]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE