

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

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp FILED SENDY PEREZ, COUNTY CLERK JUL 06 2022	CALIFORNIA FORM 470 For Official Use Only
		BY DEPUTY	

1. Statement Covers Calendar Year 20 21 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Shannan Ovard

STREET ADDRESS

CITY STATE ZIP CODE
Orland CA 95963

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530-865-3155

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Orland Unified School board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Orland

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 7/2/22 DATE

By OFFICEHOLDER OR CANDIDATE