

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

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	Date Stamp <b>FILED</b> SENDY PEREZ, COUNTY CLERK  <b>JAN 25 2023</b> BY:  DEPUTY	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 23 .

**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  
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Orland Unified School district

**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 1/19/2023 DATE

By OFFICEHOLDER OR CANDIDATE