

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

<b>Date of election if applicable:</b> (Month, Day, Year)  08/29/2023	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  RECEIVED BY ORLAND-ARTOIS WATER DISTRICT 05/23/23	Date Stamp	<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

Staci K. Buttermore

STREET ADDRESS

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

(530) 517-1617

OPTIONAL: FAX / E-MAIL ADDRESS

buttermoreranch@att.net

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

Orland-Artois Water 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
None	None	None
None	None	None

**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 May 18, 2023  
DATE

[REDACTED]

Clear Form

Print Form