

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable: (Month, Day, Year) <u>7-31-23</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp FILED SENDA PEREZ, COUNTY CLERK <b>JUL 31 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  
Ryan Bentz

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE/DAYTIME PHONE NUMBER 530-228-3586

OPTIONAL: FAX / E-MAIL ADDRESS bentzyan@hotmail

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
Superintendent of Schools

JURISDICTION (LOCATION) \_\_\_\_\_ 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 7-31-23 DATE

By \_\_\_\_\_ OFFICEHOLDER OR CANDIDATE

Clear Form      Print Form