

Candidate Intention Statement

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CALIFORNIA FORM 501
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Check One: Initial Amendment (Expires: _____)

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
Bentz, Ryan S. 530 228-3586 bentzryan@hotmail.com

CITY STATE ZIP CODE
[REDACTED] Orland CA 95963

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER (if applicable) NON-PARTISAN OFFICE
County Superintendent of Schools Glenn County n/a

OFFICE JURISDICTION (CHECK ONE box - if applicable)
 State County Multi-County (Name of Multi-County Jurisdiction) PRIMARY / GENERAL SPECIAL / RUN-OFF
2022

2. State Candidate Expenditure Limit Statement:

(California and California-controlled states have adopted expenditure and contribution limits for local office candidates. Part 2.)

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.

Date of entry, print

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.

Execution on 2/4/2022 Signature [REDACTED]