

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable:
(Month, Day, Year)

11/8/22

☐ Amendment (Explain Below)

Date Stamp
FILED
SENDY PEREZ, COUNTY CLERK

AUG 11 2022

BY [Signature] DEPUTY

CALIFORNIA
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20

22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

~~Director~~ Bonds Manager

STREET ADDRESS

[Redacted]

CITY

ORLANDO

STATE

CA

ZIP CODE

95963

AREA CODE/DAYTIME PHONE NUMBER

[Redacted]

OPTIONAL: FAX / E-MAIL ADDRESS

rtalley1212@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Director

JURISDICTION (LOCATION)

CLERMONT/TEHAMA

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

N/A

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

8/11/22

DATE

By

[Redacted]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form