

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

Date Stamp	CALIFORNIA FORM 470
	<small>For Official Use Only</small> BY _____ 2024 OCT -4 PM 2:41 SUTTER COUNTY CAMPAIGN FINANCE

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
--	---

1. Statement Covers Calendar Year 20 23.

2. **Officeholder or Candidate Information** Bryan Rasch

NAME OF OFFICEHOLDER OR CANDIDATE

STREET ADDRESS _____

Lancaster CA 93535

CITY STATE ZIP CODE

661-400-1266

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD Board Trustee Area 2

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
<u>N/A</u>		
<u>N/A</u>		

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 10/2/2024

DATE