

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp RECEIVED 2022 JUL 29 P 2: 23 MERCED COUNTY REGISTRAR OF VOTERS BY: <u>RM</u> DEPUTY	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

PAUL LLANÉZ

STREET ADDRESS

CITY

LOS BANOS

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

OPTIONAL: FAX / E-MAIL ADDRESS

ZIP CODE

93635

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MAYOR

JURISDICTION (LOCATION)

CITY OF LOS BANOS

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

7/29/2022

DATE

By

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