

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

Date Stamp

**CALIFORNIA  
FORM 470**

For Official Use Only

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

**Amendment** (Explain Below)

1. Statement Covers Calendar Year 20

20

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

LINDA RYNO

STREET ADDRESS

2220 Second Street

CITY

Ceres

STATE

CA

ZIP CODE

95307

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Council Member - District 2

JURISDICTION (LOCATION)

CERES

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

DATE

7/27/2020

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

*Linda Ryno*

Clear Form

Print Form