

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

5722

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

Amendment (Explain Below)

Date Stamp
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1. Statement Covers Calendar Year 20 22

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ryan H.M. Ralphs
STREET ADDRESS

CITY STATE ZIP CODE
GORMAN, OH 93243

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL FAX / E-MAIL ADDRESS
602-399-9172 RalphsRanchRyan@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GORMAN Joint School DISTRICT

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
GORMAN, OH

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>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws

Executed on 8/12/2022
DATE