

Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	Date Stamp	CALIFORNIA 470 FORM For Official Use Only
1.	Statement Covers Calendar Year 20 24				
2.	Officeholder or Candidate Information NAME OF OFFICEHOLDER OR CANDIDATE Bryan J. Evan S STREET ADDRESS CITY AREA CODE/DAYTIME PHONE NUMBER 530 - 844 - 2994	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	3. Office Sought or Held OFFICE SOUGHT OR HELD JURISDICTION (LOCATION) 9 5979		DISTRICT NUMBER (IF APPLICABLE)
4.	Committee Information List all committees of which you have knowledge th COMMITTEE NAME AND I.D. NUMBER	nat are primarily formed to receive contributions or to make expenditure COMMITTEE ADDRESS			y. F TREASURER
5.	Verification I declare under penalty of perjury that to the best of my kall reasonable diligence in preparing this statement. I cere Executed on Aug 6, 2021	nowledge I anticipate that I will re tify under penalty of perjury unde	ceive less than \$2,000 and that I will spend r the laws of the State of California that the	l less than \$2,000 during the cale foregoing is true and correct.	endar year and that I have used

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