COVER PAGE **Recipient Committee** Date Stamp **CALIFORNIA** Campaign Statement **FORM** FILED Cover Page SENDY PEREZ, COUNTY CLER Statement covers period Date of election if applicable: (Month, Day, Year) 01/01/2022 Page MAY 2.6 2022 from For Official Use Only 04/23/2022 6/07/2022 through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 X Officeholder, Candidate Controlled Committee Quarterly Statement Primarily Formed Ballot Measure Preelection Statement State Candidate Election Committee Special Odd-Year Report Semi-annual Statement Controlled Recall Termination Statement Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) (Also Complete Part 6) General Purpose Committee Amendment (Explain Below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 1444821 Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kelly Lawler Ryan Bentz For Superintendent 2022 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Hilmar, CA 95324 209-656-1542 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Orland, CA 95963 530-228-3586 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY Orland, CA 95963 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS kellylawler@thekalgroup.com kellylawler@thekalgroup.com 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of penury under the laws of the State of California that the foregoing is true and correct. 04/28/2022 **Kelly Lawler** Executed on Signature of Treasurer or Assista DATE Ryan S. Bentz 04/28/2022 Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Por Executed on DATE Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

DATE

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

	CO	VER PA	GE - PAR	Τ2
CALIFO FO		A Z	160	
Page _	2	_ of _	13	

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed	Ballot Measure	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Ryan S. Bentz		BALLOTAIO OBJETTED	Lumanata		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLI	CABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Other Glenn					☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STA	ATE ZIP	Identify the controlling any.	ng officeholder,	, candidate, or sta	te measure proponent, if
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPON	JENT	
Related Committees Not Included in this Statement: List any connot included in this statement that are controlled by you or are primarily formed to	nmittees receive contributions or				
make expenditures on behalf of your candidacy		OFFICE SOUGHT OR HELD		DIS	STRICT NO. IF ANY
COMMITTEE NAME I.C.	D. NUMBER				
	ONTROLLED COMMITTEE? YES NO	7. Primarily Formed officeholder(s) or canda			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	
COMMITTEE NAME I.E.). NUMBER	-			
	-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	ONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					OPPOSE
		×			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

1,539.00

0.00

1,539.00

0.00

1,539.00

546.35

0.00

2.016.38

SEE INSTRUCTIONS ON REVERSE

Contributions Received

Current Cash Statement

Ryan Bentz For Superintendent 2022

1. Monetary Contributions

2. Loans Received

4. Nonmonetary Contributions

11. TOTAL EXPENDITURES MADE.....

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....

19. Outstanding Debts

3. SUBTOTAL CASH CONTRIBUTIONS......

5. TOTAL CONTRIBUTIONS RECEIVED.....

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received \$ 0.00 \$ 0.00 \$ 21. Expenditures Made \$ 0.00 \$ 0.00

Expenditures Made Schedule E, Line 4 \$ 546.35 \$ 3,806.86 7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 546.35 \$ 3,806.86

See instructions on reverse

Add Line 2 + Line 9 in Column B above

7. Loans Made Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 546.35 \$ 3,806.86 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 2,016.38 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00

Add Lines 8 + 9 + 10

Schedule A, Line 3 \$

Schedule B, Line 3

Schedule C, Line 3

Add Lines 1 + 2 \$

Add Lines 3 + 4 \$

Carront Guon Glatomont								
12. Beginning Cash Balance	\$_	989.49						
13. Cash Receipts		1,539.00						
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00						
15. Cash Payments Column A, Line 8 above		546.35						
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	1,982.14						
If this is a termination statement, Line 16 must be zero.								
17. LOAN GUARANTEES RECEIVED	\$	0.00						

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

5.823.24

Column B

CALENDAR YEAR TOTAL TO DATE

5,789.00

0.00

5.789.00

0.00

5,789.00

Expenditures Limit Summary for State Candidates

Date of Election

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Total to Date

(mm/dd/yy)	
	. \$
	\$
	\$
	\$
	\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

^{*}Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received Amounts may be rounded to whole dollars.		Statement covers		CALIFORNIA 460			
	ONS ON REVERSE			through05/21/	2022	Page _	4 of13
Ryan Bentz	For Superintendent 2022					I.D. NUMBER	1 444821
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
***************************************	Charlotte Burtis	IX IND ☐ COM	Retired	500.00	500	0.00	500.00 P-2022
04/29/2022	Modesto, CA 95355	OTH PTY SCC	Retired				
-	Ryan J. Edson	X IND □ COM	Project Manager	100.00	100	0.00	100.00 P-2022
05/06/2022	Orland, CA 95963	OTH PTY SCC	M Peacher Construction				
	Elmo Farms	□ IND		500.00	500).00	500.00 P-2022
05/06/2022	Orland, CA 95963	COM MOTH PTY SCC					
	Virdi Ventures Inc.	☐ IND		250.00	250	0.00	250.00 P-2022
05/20/2022	Orland, CA 95963	TOM TOTH PTY SCC					

Schedule A Monetary Contributions Received		Amo	Amounts may be rounded to whole dollars. State			period	CALIFORNIA / CO		
				from	04/24/2	2022	FO	RM 400	
				through	05/21/2	2022	Page _	4 of13	
SEE INSTRUCTION	NS ON REVERSE						I.D. NUMBER		
Ryan Bentz	For Superintendent 2022							1444821	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT F THIS PI		CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
Schedule	A Summary					٦	* Contributor	Codes	
	eived this period - itemized monetary contributions. Schedule A subtotals.)		\$	1,35	50.00			ent Committee than PTY or SCC)	
2. Amount received this period - unitemized monetary contributions of less than \$100					9.00		OTH - Other (PTY - Politica	(e.g., business entity) I Party	
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$				1,53	39.00		SCC - Small (Contributor Committee	

SUBTOTAL \$

1,350.00

Schedule B - Part 1		Amo	ounts may be round to whole dollars.	ed			s	CHEDULE B - PAR
Loans Received			to whole dollars.	Γ	Statement cov	ers period	CALIFORN	11A 46C
					from04/	24/2022	FORM	400
				=	through05/	21/2022	Page5	of13
SEE INSTRUCTIONS ON REVERSE								
Ryan Bentz For Superintendent 202	2						I.D. NUMBER 144	14821
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID (FORGIVEN THIS PERIOD **		(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIV CONTRIBUTIONS DATE
				PAID \$ FORGIVEN	\$		\$	CALENDAR YEAR \$ PER ELECTION**
* IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	
- IND COM POINT PIA 200				L	DATEBOE		DATE INCORNED	
Schedule B Summary					0.00			
 Loans received this period = = = = (Total Column (b) plus unitemized to 				\$			* Contributor Cod	es

SUBTOTALS \$	\$ \$	\$

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

* Contributor Codes IND - Individual

PTY - Political Party

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

0.00

0.00 (May be a negative number)

2. Loans paid or forgiven this period

(Total Column (c) plus loans under \$100 paid or forgiven)

3. Net change this period. (Subtract Line 2 from Line 1.) _ _ _ _ _ Enter the net here and on the Summary Page, Column A, Line 2

(Include loans paid by a third party that are also itemized on Schedule A.)

Schedule B - Part 2	SCHEDULE B - PART							
Loan Guarantors	Amounts may be rounded to whole dollars.				ers period	CALIFORNIA / CO		
				from04/2	24/2022	FORM	400	
				through05/2	21/2022	Page 6	of <u>13</u>	
Ryan Bentz For Superintendent 2022						I.D. NUMBER 1444	B21	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	L	.OAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	IND COM		L	ENDER		CALENDAR DATE \$ PER ELECTION (IF REQUIRED)		
	OTH PTY SCC			DATE		(ii riegories)		
it s								

SUBTOTAL	\$ Enter on Summary Page. Line 17 only.	

Schedule	C	Amounts may be rounded to whole dollars.					SCHEDULE C		
Nonmonetary Contributions Received			to whole dollars.		Statem	ent covers period	CALIFORN	IA 460	
					from	04/24/2022	FORM	400	
SEE INSTRUCTIO	NS ON REVERSE				through .	05/21/2022	Page7	of 13_	
SEE INSTRUCTIO NAME OF FILER					7		I.D. NUMBER		
Ryan Bentz	For Superintendent 2022			,			1444	821	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
Schedule	C Summary					V	* Contributor Codes	1	
(Include all S	1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)							rmittee Y or SCC) siness entity)	
3. Total nonme (add Lines 1	onetary contributions received this period. and 2. Enter here and on the Summary Page, Colu	mn A, Lines 4 a	nd 10.)	_TOTAL \$. 0	.00	SCC - Small Contribu	tor Committee	
01					SUBTOTAL \$				

Schedule D Amounts may be rounded SCHEDULE D **Summary of Expenditures** to whole dollars. Statement covers period **CALIFORNIA** Supporting/Opposing Other **FORM** Candidates, Measures, and Committees 04/24/2022 from 05/21/2022 of 13 through NAME OF FILER I.D. NUMBER **Ryan Bentz For Superintendent 2022** 1444821 CUMULATIVE TO DATE CALENDAR YEAR NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR PER ELECTION TO DATE DESCRIPTION AMOUNT DATE (IF REQUIRED) MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) THIS PERIOD TYPE OF PAYMENT (JAN. 1 - DEC. 31) OR COMMITTEE Monetary Contribution Nonmonetary Contribution Independent Expenditure Oppose Support **SCHEDULE D SUMMARY** 0.00 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----0.00 2. Unitemized contributions and independent expenditures made this period of under \$100 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) 0.00

SUBTOTAL \$

Schedule E	Amounts may be rounded to whole dollars.	SCHEDUL					
Payments Made	to whole dollars.	Statement covers period	CALIFORNIA / C				
		from04/24/2022	FORM 46				
		through05/21/2022	Page 9 of 13				
SEE INSTRUCTIONS ON REVERSE							
NAME OF FILER			I.D. NUMBER				
Ryan Bentz For Superintendent 2022			1444821				
CODES: If one of the following codes accurately describes the p	payment, you may enter the code. Otherwise,	describe the payment.					

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Signworx 1468 Sky Harbor Drive Suite J CMP 516.35 Olivehurst, CA 95961 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 516.35 2. Unitemized payments made this period of under \$100 30.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 0.00 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) 546.35 TOTAL \$

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$	516.35

Schedule F	Amounts may		2	SCHEDULE I	
Accrued Expenses (Unpaid Bills)	to whole	dollars.	Statement covers	·	IFORNIA 460
			from	//	
			through05/21	/2022 Pag	e10 of13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUN	IRER
Ryan Bentz For Superintendent 2022				1.5. 1401	1444821
CODES: If one of the following codes accurately describes the pay	ment you may enter th	ne code. Otherwise, des	cribe the navment		
CMP campaign paraphernalia/misc.	MBR member commun			me and production costs	
CNS campaign consultants	MTG meetings and app	earances	RFD returned of		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating			workers' salaries le airtime and production o	nete
FIL candidate filing/ballot fees	PHO phone banks			travel, lodging, and meals	
FND fundraising events	POL polling and survey			se travel, lodging, and me	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery a PRO professional service	and messenger services	TSF transfer be VOT voter regi	etween committees of the	same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	ces (legal, accounting)		on technology costs (interr	net, e-mail)
	•				·
NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF	(a) OUTSTANDING BALANCE	(b) AMOUNT INCURRED	(c) AMOUNT PAID THIS	(d) OUTSTANDING BALANCE AT
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PAYMENT	BEGINNING OF THIS PERIOD	THIS PERIOD	PERIOD (ALSO REPORT ON E)	CLOSE OF THIS PERIOD
				ON E)	
Ryan S. Bentz	FIL				
6024 County Road 3		2,016.38	0.00	0.00	2,016.38
Orland, CA 95963		2,010.00	0.50		_,,,,,,,,,,
SCHEDULE F SUMMARY			- 		
Total accrued expenses incurred this period. (Include all Schedule F, Collaccrued expenses of \$100 or more, plus total unitemized accrued expenses.)	umn (b) subtotals for		II	NCURRED TOTALS	s \$ 0.00
accided expenses of \$100 of more, plus total affective accided expense	, co and cr \$ 700.7		"	100111125 1017120	
2. Total accrued expenses paid this period. (Include all Schedule F, Column					
accrued expenses of \$100 or more, plus total unitemized payments on ac	crued expenses under \$1	00.)		PAID TOTALS	\$ 0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference	here and				12.
on the Summary Page, Column A, Line 9.)				NET	\$ 0.00
			. – – – – – –	NEI	3
					<u> </u>
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 2,016.38	\$ 0.00	\$ 0.00	\$ 2,016.38

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period 64/24/2022 65/21/2022	CALIFORNIA 460 FORM of 13
SEE INSTRUCTIONS ON REVERSE		through	Page or
NAME OF FILER			I.D. NUMBER
Ryan Bentz For Superintendent 2022			1444821
CODES: If one of the following codes accurately describes the pay CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	in costs duction costs ind meals , and meals es of the same candidate/sponsor sts (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID

TOTAL * \$

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

^{**}Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H						Amounts may be rounded							SCHEDULE H
Loans Made to Others*	to whole dollars.			Statement cover	ers period 24/2022	CALIFORNIA FORM	460						
SEE INSTRUCTIONS ON REVERSE					through05/2	21/2022	Page 12	of <u>13</u>					
NAME OF FILER	^						I.D. NUMBER	004					
Ryan Bentz For Superintendent 202	2					1	1444	521					
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OI FORGIVENESS THI PERIOD *		(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE					
R=				PAID				CALENDAR YEAR					
				-				\$ PER ELECTION**					
				\$FORGIVEN	- \$	RATE	\$	TENELLONION					
		\$	\$	\$	DATE DUE	\$	DATE INCURRED						

SUBTOTALS	\$ \$	\$	\$

Schedule I Miscellaneous Ind		Amounts may to whole	y be rounded dollars.	from	ent covers period 04/24/2022 05/21/2022	CALIFORNIA 4 FORM Page13 of	60 13
Ryan Bentz For Supe	rintendent 2022					I.D. NUMBER 1444821	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT			AMOUNT OF INCREASE TO CASH	ł
Schedule I Summa	ary					•	
1. Itemized increases to d	eash this period.			\$	0.00	-	
2. Unitemized increases to	cash of under \$100 this period.			\$	0.00	-	
4. Total miscellaneous inc	reases to cash this period. (Add Lines 1, 2, and 3. Enter he			\$	0.00	-	
Summary Page, Line 14.) — — — — — — — — — — — — — — — — — — —				TOTAL \$	0.00	-	