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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)						
Bentz, Cliff, , ,				0.0	and Committee of the second	
(b) Address (number and street) 660 Morgan Avenue	☐ Check if address changed			Candidate's FEC Identification Number H0OR02127		
(c) City, State, and ZIP Code					ew Amended	
Ontario	0	R 9791	4	Statement (N	N) OR (A)	
4. Party Affiliation	5. Office Sought			rict of Candidate		
REPUBLICAN PARTY	House		OR	02		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
NOTE: This designation should be filed with the appropriate office listed in the instructions.						
(a) Name of Committee (in full) CLIFF BENTZ FOR	R CONGRESS					
(b) Address (number and street) 660 MORGAN AVE						
(c) City, State, and ZIP Code						
ONTARIO			OR	97914		
311711113			-			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.						
NOTE: This designation should be	filed with the principal camp	aign committ	ee.			
(a) Name of Committee (in full)						
(a) Hame of Committee (in fail)						
(b) Address (number and street)						
(.,						
(c) City, State, and ZIP Code						
I certify that I have ex	ramined this Statement and t	o the best of	my knowledge a	nd belief it is true, correct	t and complete.	
Signature of Candidate				Date		
Bentz, Cliff, , , [Electronically Filed] 01/13/2023						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
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