

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

Date Stamp FILED SENDR PEREZ, COUNTY CLERK	CALIFORNIA FORM 470
JUL 11 2022	For Official Use Only
BY DEPUTY	

Date of election if applicable: (Month, Day, Year) _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
GINA M. TAYLOR

STREET ADDRESS

CITY WILLOWNS STATE CA ZIP CODE 95988

AREA CODE/DAYTIME PHONE NUMBER 530-521-1296 OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD
SCHOOL BOARD MEMBER

JURISDICTION (LOCATION) WILLOWNS UNIFIED SCHOOL DISTRICT 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
<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 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 JULY 7, 2022 DATE

By SIGNATURE OF OFFICEHOLDER OR CANDIDATE