Officeholder and Candidate Campaign Statement – Short Form				REDate Stamp SENDY PEREZ, COUNTY CLERK	california 470	
		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 1 5 2022 DEPUTY	For Official Use Only	
1.	Statement Covers Calendar Year 20 22					
2.	Officeholder or Candidate Information		3. Office Sought or Hel	d		
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD			
	STREET ADDRESS BOARD MEMB			BER	DISTRICT NUMBER	
				(IF APPLICABLE)		
	and the second s	STATE ZIP CODE	Willows you	LENGT SCHOOL DISTE	20'	
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX/E-MAIL ADDRESS				
	530-330-2/35					
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	NAME OF TREASURER	
	~00€					
		0				
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 use 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 7/11/2022 DATE		Ву	HOLDER OR CANDIDATI		