Ca	mpaign Statement –			Date Stamp FILED SENDY PEREZ COUNTY CLES FORM CALIFORNIA FORM
Short Form		Date of election if applicable: (Month, Day, Year)	Amendment (Explain Below)	JUL 1 9 2023
				BY DEPUTY
1.	Statement Covers Calendar Year 20 23			•
2.	Officeholder or Candidate Information		3. Office Sought or Held	d
	NAME OF OFFICEHOLDER OR CANDIDATE BUA M TAYLOR	2_	OFFICE SOUGHT OR HELD	Board Member
	STREET ADDRESS		School Board Member JURISDICTION (LOCATION) Willows Unfied School District NUMBER (IF APPLICABLE)	
	CHY			
	AREA CODE/DAYTIME PHONE NUMBER 530 - 521-1296	OPTIONAL: FAX / E-MAIL ADDRESS		
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
	NIA			
 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	3	Ву	DIDATE