

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

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
FILED
SENDRY PEREZ, COUNTY CLERK
SEP 13 2022
BY [REDACTED] DEPUTY

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 2022 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Lourdes Ruiz

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
Willows CA 95988

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530 217-9333

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Willows Unified School District

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
None		

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 September 12, 2022 DATE

By [REDACTED] OFFICEHOLDER OR CANDIDATE