

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

Date Stamp RECEIVED SENDA PEREZ, COUNTY CLERK  MAR 01 2024 BY <u>ADUCE</u> DEPUTY	<b>CALIFORNIA FORM 470</b>
For Official Use Only	

Date of election if applicable: (Month, Day, Year)  _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____
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1. Statement Covers Calendar Year 20 24.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
GINA M TAYLOR

STREET ADDRESS  
549 Adams Street

CITY  
Willows 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)  
Willows Unified School Dist. 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

**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 February 1, 2024  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE