

**FILED****Candidate Intention Statement**

Date Stamp

CALIFORNIA  
FORM**501**

For Official Use Only

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

KATHLEEN WILLIAMS,

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BY

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial)

CAMERON, GREG

DAYTIME TELEPHONE NUMBER

(530) 394-4352

FAX NUMBER (optional)

( )

EMAIL (optional)

STREET ADDRESS

Po Box 1386

CITY

QUINCY

STATE

CA

ZIP CODE

95971

OFFICE SOUGHT (POSITION TITLE)

COUNTY SUPERVISOR

AGENCY NAME

PLUMAS COUNTY

DISTRICT NUMBER, if applicable

2

NON-PARTISAN OFFICE

OFFICE JURISDICTION

PARTY PREFERENCE: REPUBLICAN

 State (Complete Part 2.)

(Check one box, if applicable.)

 City County Multi-County: \_\_\_\_\_

(Name of Multi-County Jurisdiction)

2020

 PRIMARY / GENERAL SPECIAL / RUNOFF**2. State Candidate Expenditure Limit Statement:**

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

 I accept the voluntary expenditure ceiling for the election stated above. I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

 I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

 On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.**3. Verification:**

I certify under penalty of perjury under the laws of the State of California that the information contained above is true and correct.

Executed on 12-4-2019  
(month, day, year)

Signature \_\_\_\_\_